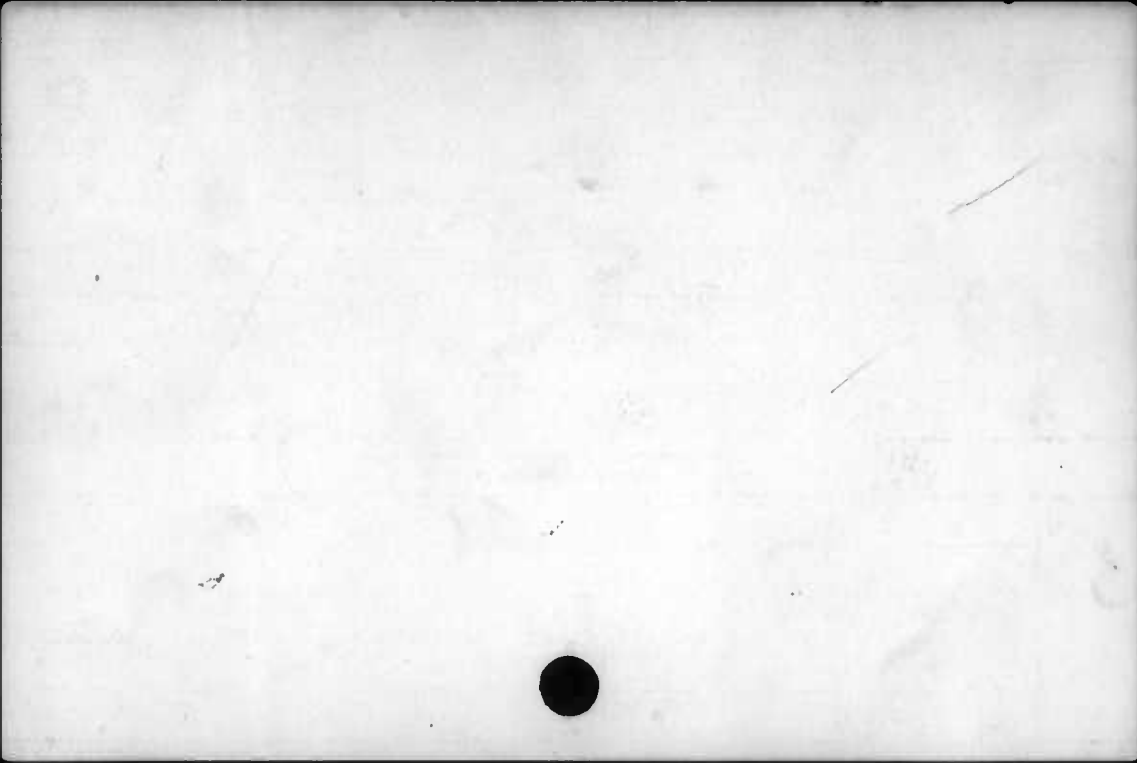


Name in Full Howard W - Benson		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cambyland Town		Wilegany County
	Date of death 1905 Month Feb Day 4		Age 23 Years Months 8 Days —
	Sex Male	Color or Race Colored	Birth-place Cambyland Md
	Occupation Waiter	Where Residing if not at place of death —	
	Married, Single or Widowed Single	Name of Wife or Husband None	
	Father's Name Thomas Benson	Father's Birthplace Baltimore Md	
	Mother's Maiden Name Alice Howard	Mother's Birthplace Virginia	
Name of person giving information Mrs John Howard		How related to deceased Grand mother	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pulmonary Tuberculosis	How long 6 months	
	Immediate Exhaustion	How long Some weeks	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E. J. Dupe	
		Address Cambyland Md	
Accident or Suicide? —			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph B. Berkenbaugh

Town *Laacoming* County *Allegany* MARYLAND

Died at *Laacoming*

Date of death *1908* Month *Sept* Day *14* Age *28* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Laacoming*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Leo Berkenbaugh* Father's Birthplace *Germany*

Mother's Maiden Name *Mary Brown* Mother's Birthplace *Ireland*

Name of person giving information *Leo Berkenbaugh* How related to deceased *Father*

CAUSES OF DEATH

13

PHYSICIAN
OR CORONER

Primary *Cholera morbus* How long *24 hrs.*

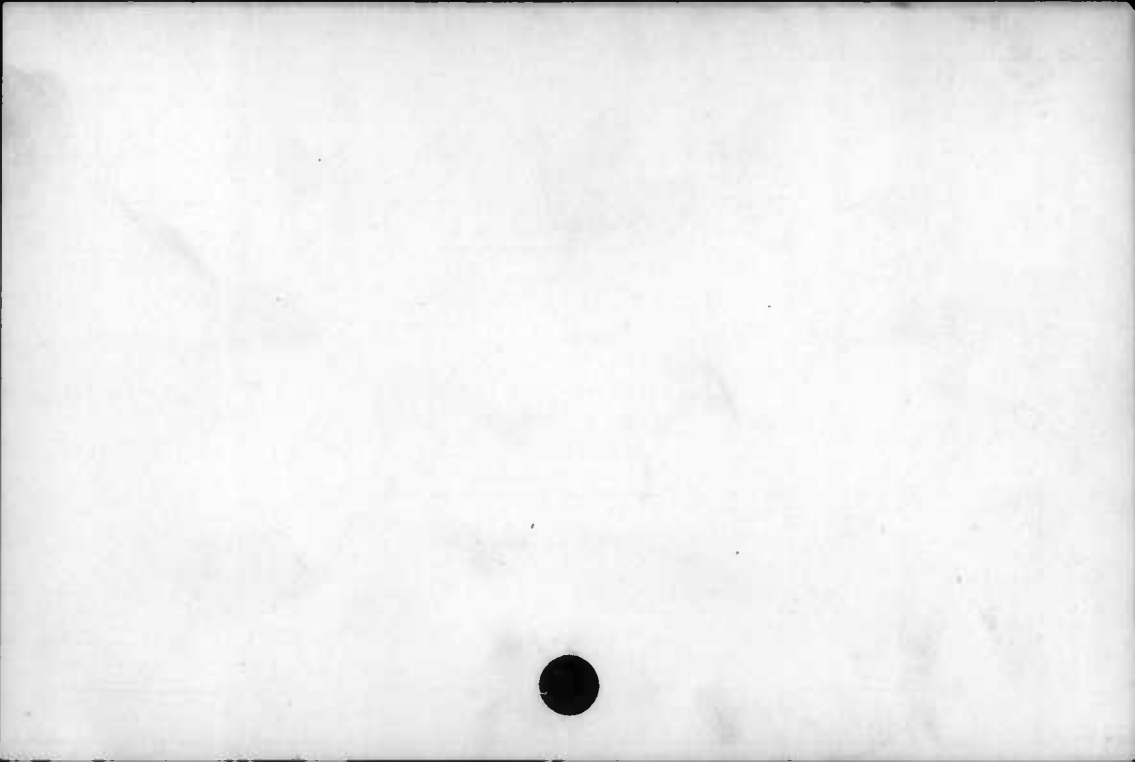
Immediate *Collopy, heart failure* How long *5 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. Schilling MD*

Address *Laacoming*

Accident or Suicide? *SW*



Name
in
Full

Margrette Betzold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Alleg **MARYLAND**

Date of death 190 ^{Month} 8 ^{Day} 22 ^{Years} 83 ^{Months} 3 ^{Days} 14

Sex Female Color or Race White Birth-place Germany

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Conrad Betzold

Father's Name Leonard Hoffman Father's Birthplace Germany

Mother's Maiden Name Do not know Mother's Birthplace —

Name of person giving Information John Betzold How related to deceased Son

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia How long 1 week

Immediate Gs ffs How long 6 weeks

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician Thos. M. Davenport

Address Cumberland Md

Accident or Suicide ☐

John.

New Haven

7 Grand St

14 Street and Day.

Name
in
Full

Simon Boyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ellerslie Town Alleg. County MARYLAND

Date of death 1908 Month Sept. Day 30 Age 53 Years Months Days

Sex Male Color or Race White Birth-place Pa.

Occupation Fanner. Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary Boyer

Father's Name Daniel Boyer Father's Birthplace Pa.

Mother's Maiden Name Catharine Martz Mother's Birthplace Pa.

Name of person giving Information Daniel Boyer How related to deceased son

CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

Primary Cancer of the mouth and tongue How long 67 months

Immediate Esophageal cancer How long 4 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Heard Smith Address Ellerslie Md.

Accident or Suicide Accident



Name
in
Full

Sarah A Brant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cumtulaud* *alleg* ^{Town} ^{County}

MARYLAND

Date of death 190 *8* ^{Month} *Sept.* ^{Day} *17* ^{Years} *76* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *md*

Occupation *Housewife* Where Reading if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Charley Brant*

Father's Name *dont know* Father's Birthplace *Dont know*

Mother's Maiden Name *" "* Mother's Birthplace *" "*

Name of person giving Information *William Niceley* How related to deceased *Son in law*

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary *Cancer of Womb* How long *1 year*

Immediate *Exhaustion* How long *gradual*

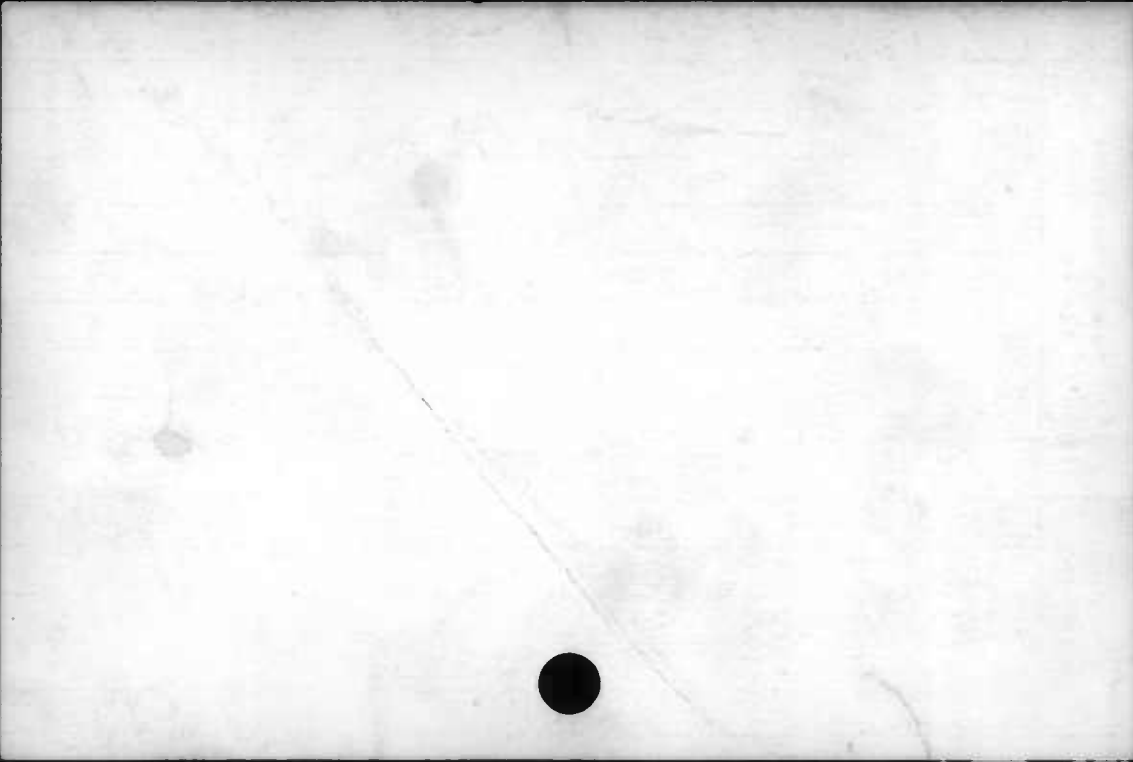
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. B. Cleafbrook m.d.*

Address *Cumtulaud*

alleg

Accident or Suicide



Name
in
Full

A. T. Bradwater

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumt</u>		Town		County <u>all</u>		MARYLAND	
Date of death <u>1908</u>		Month <u>9</u>	Day <u>23</u>	Years <u>52</u>	Months	Days	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Sand County</u>			
Occupation <u>Hatchman on mill</u>		Where Residing if not at place of death <u>Bond</u>					
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Nancy Bradwater</u>					
Father's Name <u>Robt Bradwater</u>		Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Lucy Warrick</u>		Mother's Birthplace <u>Sand County</u>					
Name of person giving Information <u>Nancy Bradwater</u>		How related to deceased <u>Wife</u>					

PHYSICIAN
OR CORONER

*I think in had
in first of a companion in his fighting*

CAUSES OF DEATH		176
Primary	<u>Crushing injury to brain</u>	
Immediate	<u>Evacuation of brain & hemorrhage</u>	How long <u>36 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		How long <u>36 hours</u>
Signature of Physician <u>A. H. Hawkins</u>		Address <u>Cincinnati</u>
Accident or Suicide <u>Bond</u>		<u>Med</u>

11 Belvedere.

4. Hark. R.

1907

Candy

~~11~~

~~11~~

Magruder
Nancy Phottelacey

1908

111

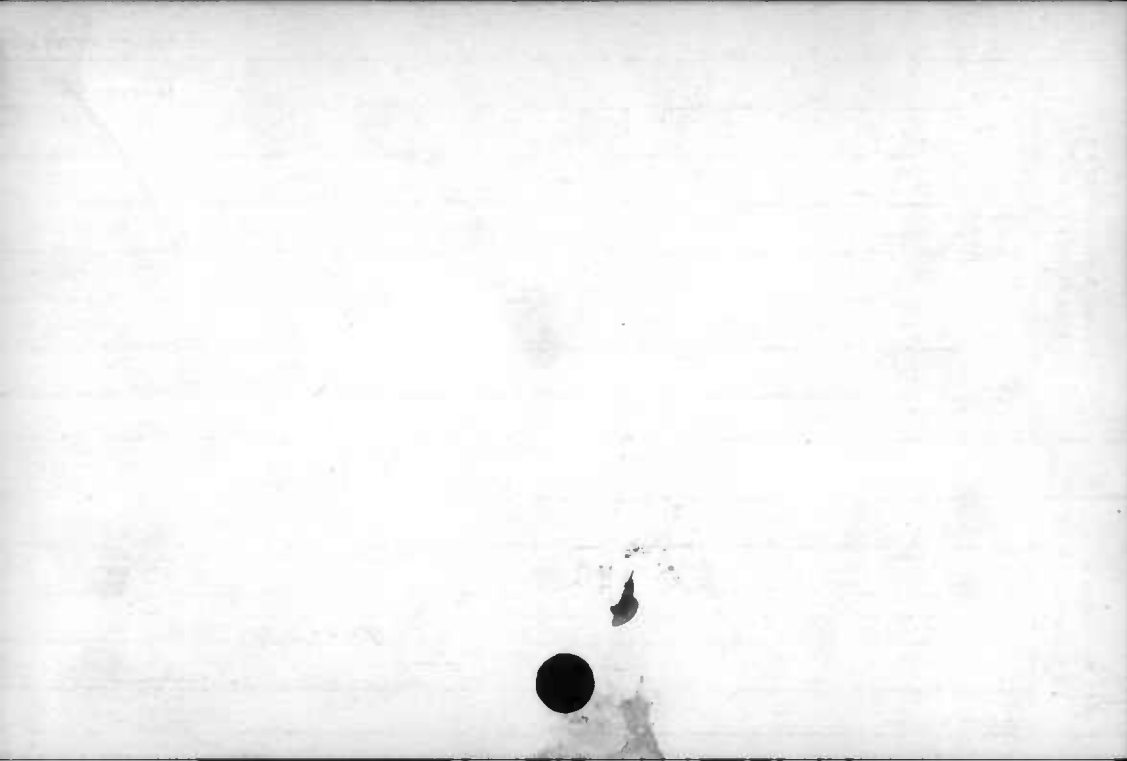
Name in Full John L. Brown -
Town Town

CERTIFICATE OF DEATH

Died at <u>Cumberland</u>		County <u>Allegany</u>		State <u>MARYLAND</u>	
Date of death	190 <u>8</u>	Month <u>9</u>	Day <u>16</u>	Age <u>70</u>	Years <u>-</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Graustown, N.J.</u>		Where Residing if not at place of death	
Occupation <u>Carpenter</u>		Married, Single or Widowed <u>Widowed</u>			
Name of Wife or Husband <u>Louise Brown</u>		Father's Name <u>Eligah Brown</u>		Father's Birthplace <u>Penn</u>	
Mother's Maiden Name <u>Nancy Layman</u>		Mother's Birthplace <u>Newtown, Md</u>		How related to deceased <u>Uncle</u>	
Name of person giving Information <u>Isaac Brown</u>					

120

Primary	Brightly become	How long	Several months
Immediate	Exhaustion	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	[Signature]
		Address	[Address]
Accident or Suicide	-		[Signature]



Name
in
Full

William Bush

CERTIFICATE OF DEATH

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date

of death 1908

Month

Sept

Day

18

Age

Years

Months

2

Days

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

William Bush

Father's
Birthplace

Washington D.C.

Mother's
Maiden Name

Ida Huey

Mother's
Birthplace

Harrisburg Pa

Name of person giving
Information

William Bush

How related
to deceased

Father.

CAUSES OF DEATH

36

Primary

Hereditary syphilis

How long

2 months

Immediate

Hereditary syphilis

How long

2 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

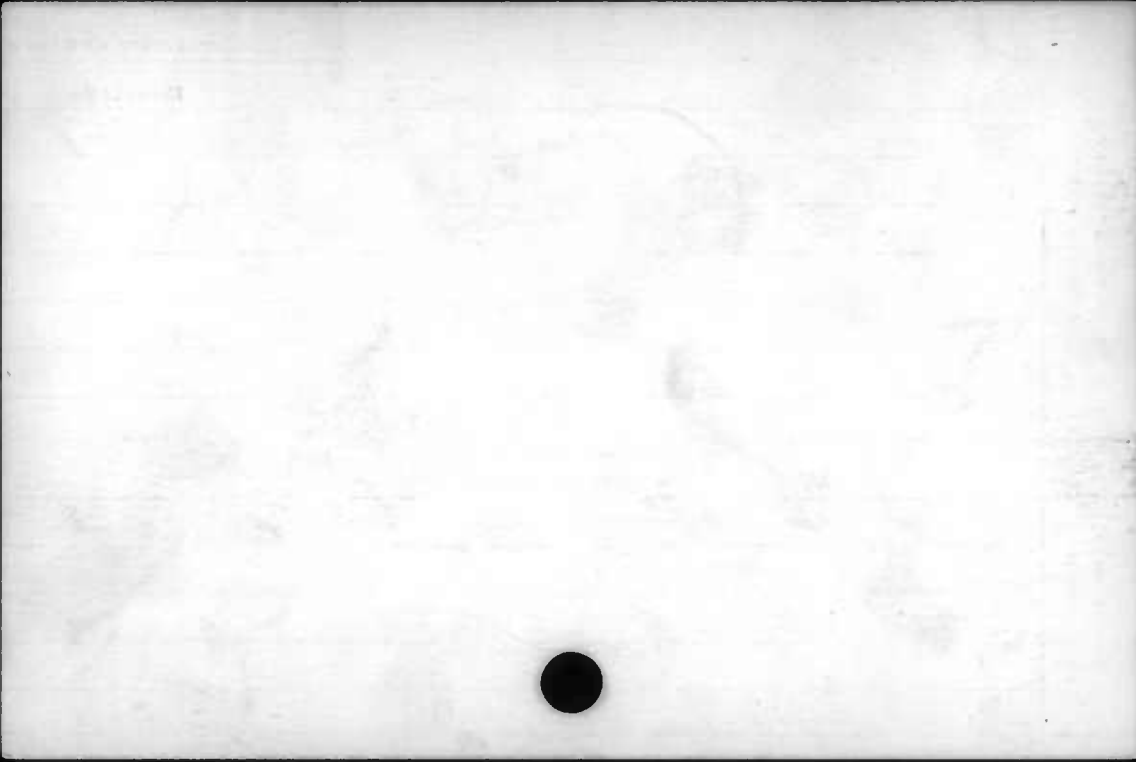
H. R. Baile M.D.

Address

272. Mechanic St
Cumberland Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ellen Jane Cassen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *bum* Town *Alle* County *MARYLAND*

Date of death 1908 *Sept* Month *23* Day Age *47* Years

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *housekeeper* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *J W Cassen*

Father's Name *Christopher Koonicka* Father's Birthplace *Germany*

Mother's Maiden Name *Gizzie Ephes* Mother's Birthplace *Ind*

Name of person giving Information *J W Cassen* How related to deceased *Husband*

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

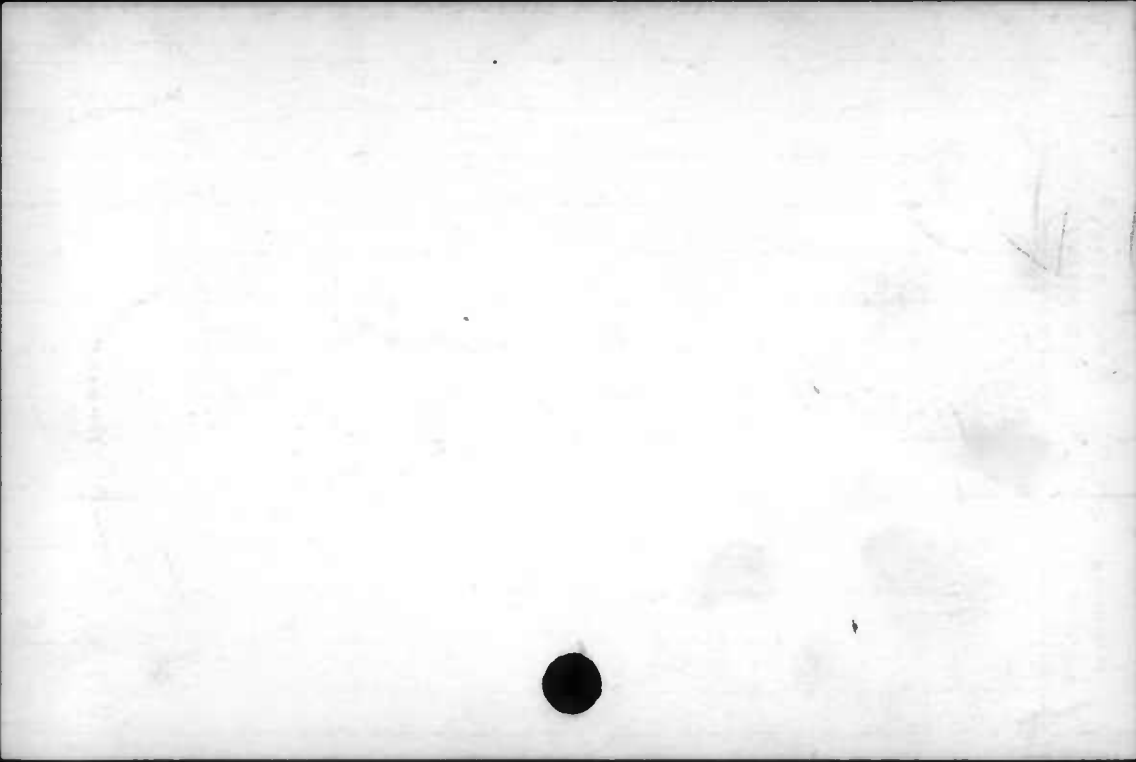
Primary *Peritonitis* How long *small number*

Immediate *drop after coming* How long *small number*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Francis* Address *Cumtumb*

Accident or Suicide *—* *Wilson* *Ind*



Name
in
Full

William Cockburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

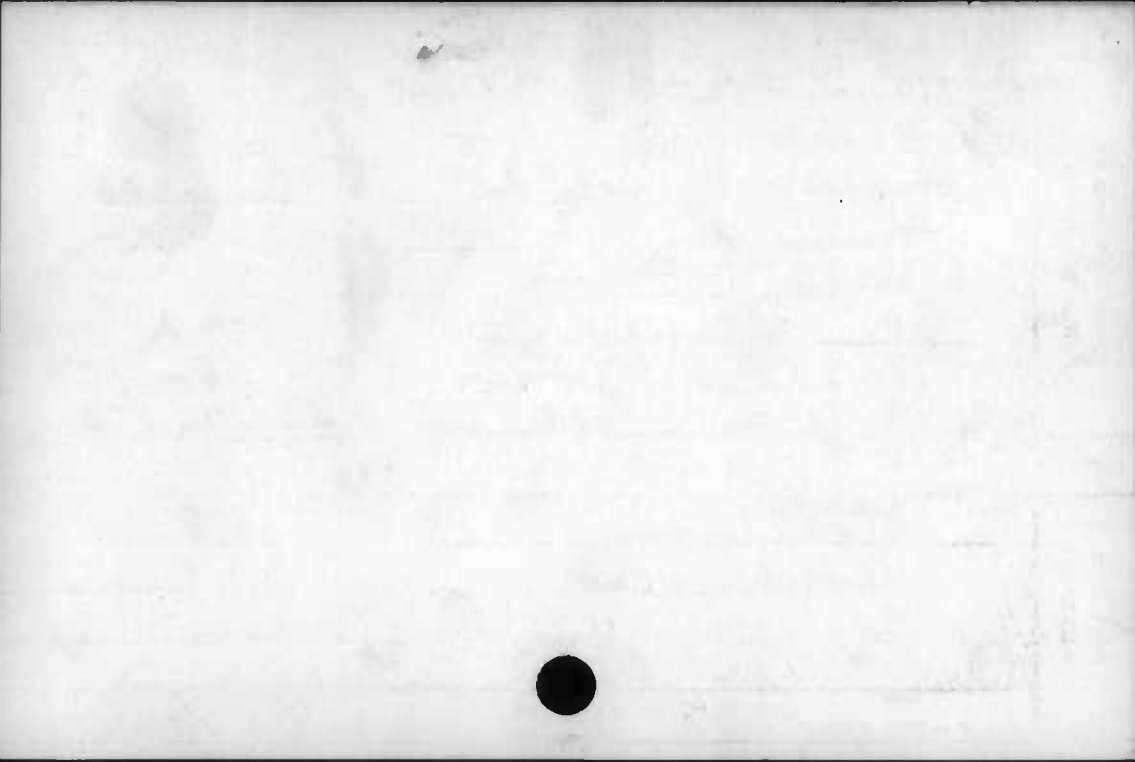
Died at <i>Lonaconing</i> Town <i>Allegany</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>Sept</i> Day <i>26</i> Age <i>5</i> Years Months <i>21</i> Days	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Lonaconing</i>
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>George Cockburn</i>	Father's Birthplace <i>W Va</i>		
Mother's Maiden Name <i>Bertha Fletcher</i>	Mother's Birthplace <i>Swanton, Md</i>		
Name of person giving information <i>George Cockburn</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary <i>Overlying</i>	How long <i>—</i>
Immediate <i>Asphyxia</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W B Skilling M D</i>
Accident or Suicide? <i>Accident</i>	Address <i>Lonaconing</i>



Name
in
Full

Infant - A F Coulehan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Cumberland		^{County} Alleg			
Date of death	1908	Month	Sep	Day	18
		Age	0	Years	0
		Months	0	Days	1
Sex	male		Color or Race	white	
Occupation	none		Birth-place	Cumberd	
Where Residing if not at place of death			—		
Married, Single or Widowed	Single		Name of Wife or Husband	—	
Father's Name	Alan F Coulehan			Father's Birthplace	md
Mother's Maiden Name	Madaline Jones			Mother's Birthplace	Pa
Name of person giving information	A F Coulehan			How related to deceased	father

CAUSES OF DEATH

(5)

PHYSICIAN
OR CORONER

Primary	Stellborn	How long	12 hours
Immediate	Asphyxia	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		@ H Brace M D	
Address		Cumberland Md.	
Accident or Suicide?		no.	

046
090
396

Name
in
Full

Infant Herbert A Cowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alleg		MARYLAND	
Date of death 1908		Month Sept.	Day 3	Age —		Months —	Days 1
Sex Male		Color or Race White		Birth- place Cumberland			
Occupation None				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name Herbert A Cowden				Father's Birthplace Cumbld.			
Mother's Maiden Name Helene Elise				Mother's Birthplace C. "			
Name of person giving Information Herbert A Cowden				How related to deceased Father			

CAUSES OF DEATH

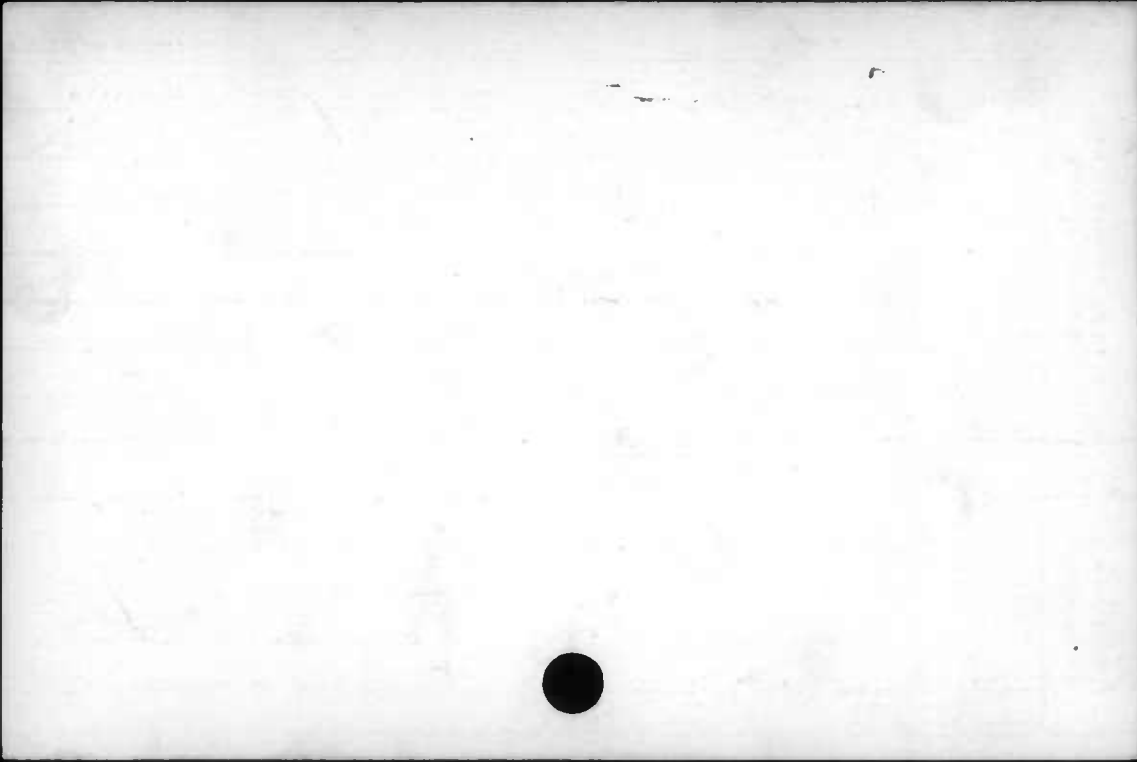
151

How long

How long

PHYSICIAN
OR CORONER

Primary Prominent		Signature of Physician J. H. [Signature]	
Immediate		Address Cumberland	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. H. [Signature]	
Accident or Suicide		Signature of Physician J. H. [Signature]	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant. John Crabtree

Town

County

MARYLAND

Died at

Cumberland

Allegany

Date

of death

1908

Month

Sept.

Day

8

Age

Years

—

Months

—

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Cumberd

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Huaband

None

Father's
Name

John Crabtree

Fathar's
Birthplace

Oldtown Md

Mother's
Maiden Name

Tracey V Thomas

Mother's
Birthplace

Md

Name of parson giving
Information

John Crabtree

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born infant

How long

How long

Immediate

Are the name, aga, sex, color, date
and placd correctly given above?

yes

Signature of
Physician

Address

None

J. H. Maizy, Coroner
Cumberland
Crown Md

Accident or Suicide

11 0 3 1/2

Let Ave.

Name
in
Full

Albertus Duckworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Branch</i>		County <i>Allegany</i>		MARYLAND	
Date of death	1908	Month	Sept	Day	19
Age	14	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Frankfort K. Va.
Occupation	<i>none</i>		Where Residing if not at place of death <i>Cumberland</i>		
Married, Single or Widowed	Single	Name of Wife or Husband <i>-</i>			
Father's Name	<i>George H. Duckworth</i>			Father's Birthplace	<i>It not known</i>
Mother's Maiden Name	<i>Francis Duckworth</i>			Mother's Birthplace	<i>" " "</i>
Name of person giving Information	<i>Blyden Duckworth</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	<i>Accidental Drowning</i>	How long	
Immediate	<i>Exhausted</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. H. Mack, Coroner</i>
		Address	<i>Cumberland, Allegany County - Md.</i>
Accident or Suicide			



Name
in
Full

Walker W Felix

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Home</i>		Town		County		State	
Date of death 1908		Month <i>Sept</i>		Day <i>13</i>		Age <i>49</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>		MAYLAND	
Occupation <i>Fireman</i>		Where Residing if not at place of death <i>West End Hospital</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Clara Gromden</i>					
Father's Name <i>Anthony Felix</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Clara Felix</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause of Death <i>Internal Strang. Hernia (was adhesion) { below incision + appendix } 10 days</i>	How long
Secondary Cause of Death <i>Septic Peritonitis - operation act. Dil. Stom. 6 days</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. H. Hawkins</i>
Address <i>Camden, N. J.</i>	
Accident or Suicide <i>No</i>	

Lewiston Pa

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

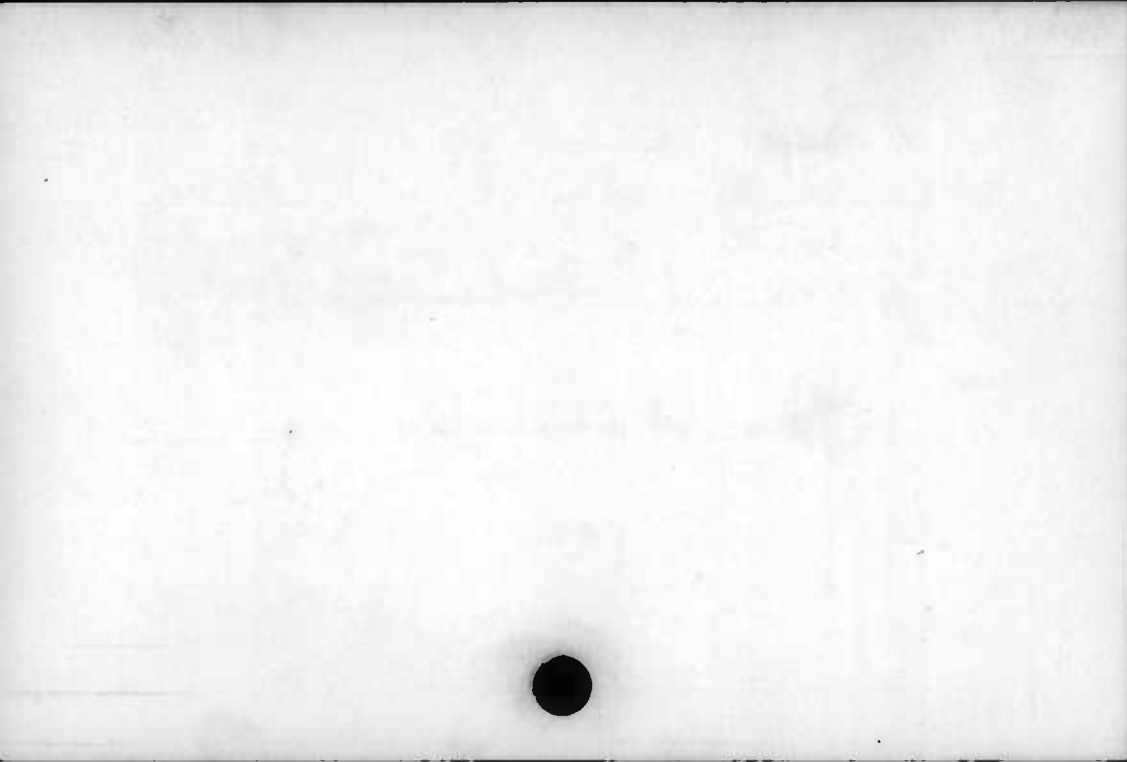
MARYLAND

Died at <u>Lonaconing</u> ^{Town}		<u>Allegheny</u> ^{County}					
Date of death	<u>1908</u> ^{Month}	<u>Sept</u> ^{Day}	<u>8</u> ^{Age}	<u>24</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}	
Sex	<u>Female</u>		Color or Race	<u>White</u>		Birth-place	<u>Lonaconing</u>
Occupation	<u>Housegirl</u>		Where Residing if not at place of death		<u>—</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband		<u>—</u>		
Father's Name	<u>John Fleming</u>				Father's Birthplace	<u>Scotland</u>	
Mother's Maiden Name	<u>Salina Jones</u>				Mother's Birthplace	<u>Pa</u>	
Name of person giving information	<u>John Fleming</u>				How related to deceased	<u>Father</u>	

CAUSES OF DEATH

Primary	<u>Typhoid fever</u>	How long	<u>Four weeks</u>
Immediate	<u>Obstruction of liver</u>	How long	<u>48 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W. Q. Skilling M.D.</u>
		Address	<u>Lonaconing</u>
Accident or Suicide?	<u>no</u>		

PHYSICIAN
OR CORONER



Name
in
Full

Bernadine Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Westport-* ^{County} *Allegheny* **MARYLAND**

Date of death 1908 ^{Month} *Sept-* ^{Day} *10* ^{Years} *31* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *Wh.* Birth-place *Ind-~~known~~*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *George Fisher* Father's Birthplace *Unknown*

Mother's Maiden Name *Minnie Fisher* Mother's Birthplace *Unknown*

Name of person giving Information *D. J. Long* How related to deceased *None*

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

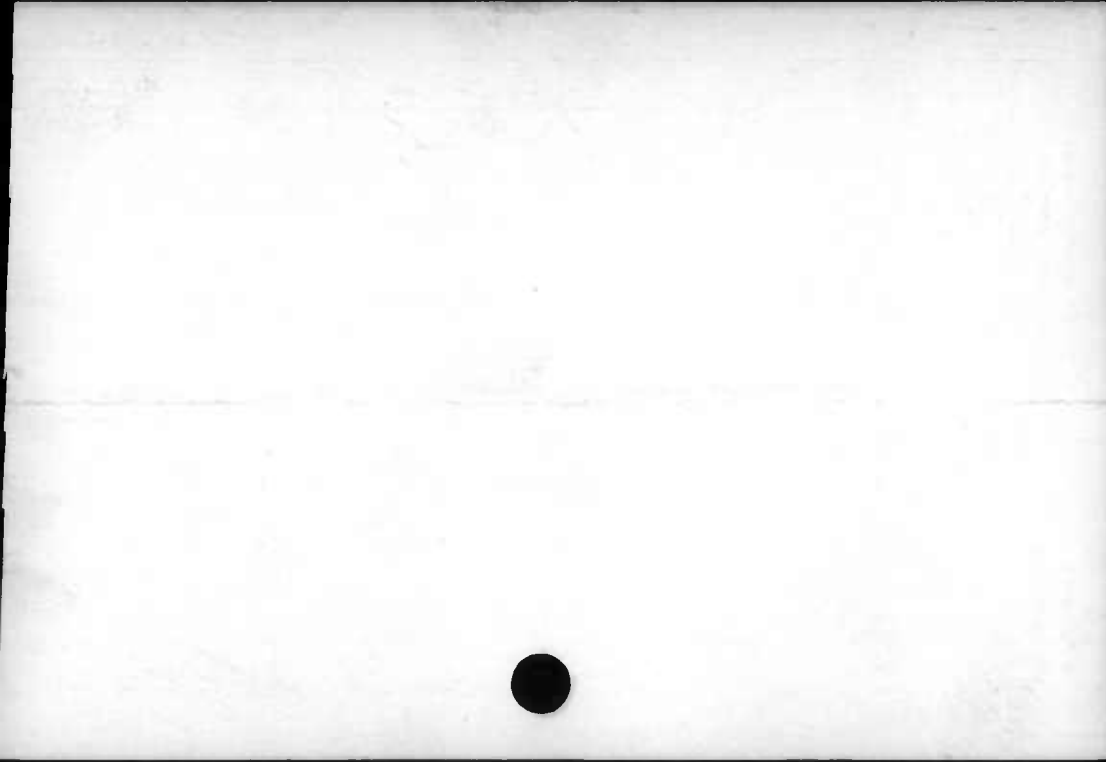
Primary *Tubercular Laryngitis* How long *7 mo.*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. J. Long* Address *Piedmont - W. Va.*

Accident or Suicide *No.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

W. H. Flake

Town

County

MARYLAND

Died at

Sylvan Retreat Allegany

Date

of death

1908 Sept

Month

Day

11

Age

Years

70

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Do not know

Father's
Birthplace

Not known

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Not known

Name of person giving
Information

No one

How related
to deceased

CAUSES OF DEATH

62

Primary

Locomotor Stasy

How long

29 yr

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

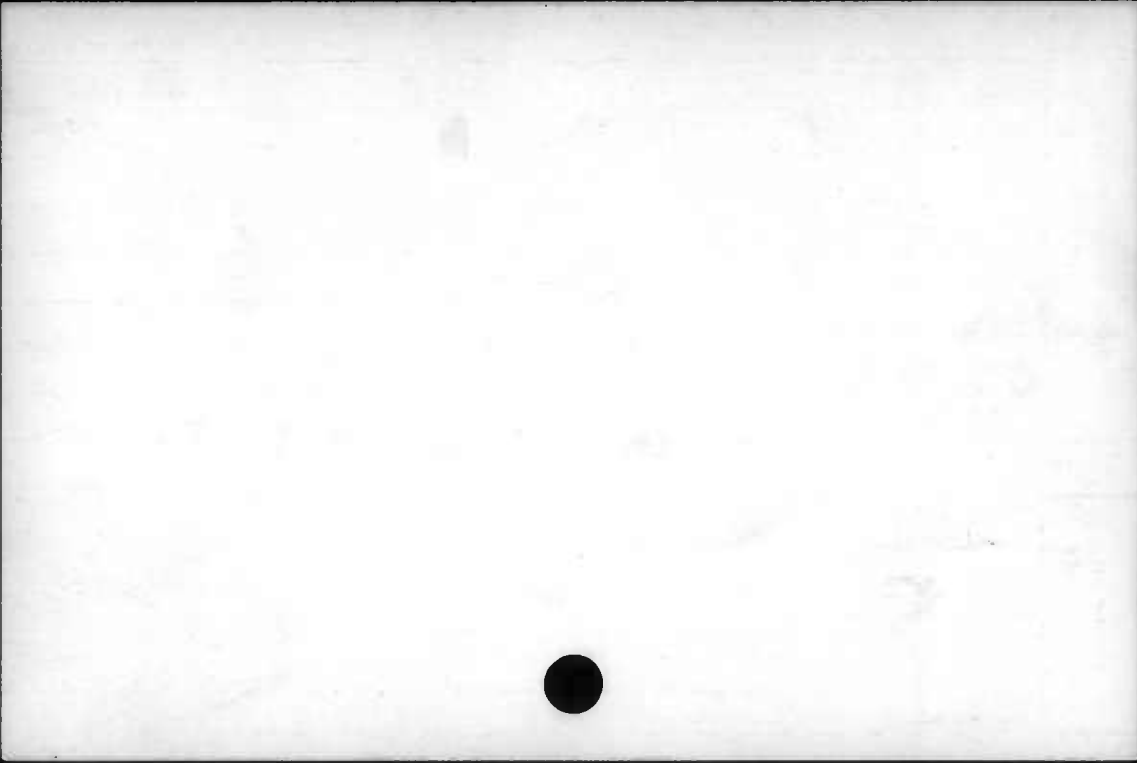
Signature of
Physician

Address

W. F. Jarvis
Camber Springs Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *M. Margaret C. Foster*

Town *Citrusburg* County *Allegheny* MARYLAND

Died at *Citrusburg*

Date of death 190 *8* Month *Sep* Day *2* Age *79* Years Months *0* Days *0*

Sex *Female* Color or Race *White* Birthplace *N.Y. City*

Occupation *Retired* Where Residing if not at place of death *Washington D.C.*

Married, Single or Widowed *widow* Name of Wife or Husband *Frederick E. Foster*

Father's Name *Edward C. Peace* Father's Birthplace *Scotland*

Mother's Maiden Name *Rose* Mother's Birthplace *Albany N.Y.*

Name of person giving Information *Jane A. DeShields* How related to deceased *Niece*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Bright's disease*Immediate *Heart failure*Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician

Address

How long

How long

Accident or Suicide

Dr. W. W. W. -

#2 -

Thursday

Washington

Name
in
Full

CERTIFICATE OF DEATH

Katie Elizabeth Gardner
 Died at *Ellerslie* ^{Town} *Allegheny* ^{County}

MARYLAND

Date of death 190 *8* ^{Month} *Sept.* ^{Day} *7* ^{Years} *26* ^{Months} *—* ^{Days} *—*

Sex *Female* Color of Race *White.* Birth-place *md*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Jermiah Gardner* Father's Birthplace *Pa*

Mother's Maiden Name *Nancy Miller* Mother's Birthplace *Pa*

Name of person giving Information *Samuel Gardner* How related to deceased *Brother.*

CAUSES OF DEATH

27

Primary *Tuberculosis.* How long *about 1 yr.*

Immediate *Bronchitis* How long *18 yrs*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr Carl Smith*

Stain Address *Ellerslie*

Accident or Suicide *Smith md.*

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mrs P to Haskett Bedford

Miss Effie

J M Pitts

R C Pitts

Mother

Name
in
Full

Harry Garlick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Fiddesburg* Town

County

Alley

Date

of death *1908*

Month

Sept

Day

11

Age

Years

33

Months

3

Days

X

Sex

*M*Color or
Race*W*Birth-
place*Pa*

Occupation

*Miner*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Hattie Garlick*Father's
Name*Nicholas Garlick*Father's
Birthplace*Pa*Mother's
Maiden Name*Lazle B. Gatty*Mother's
Birthplace*Pa.*Name of person giving
In formation*Conrad B. Gatty*How related
to deceased*none*

CAUSES OF DEATH

48

Primary

Rheumatism

How long

12 yrs

Immediate

Heart & lungs

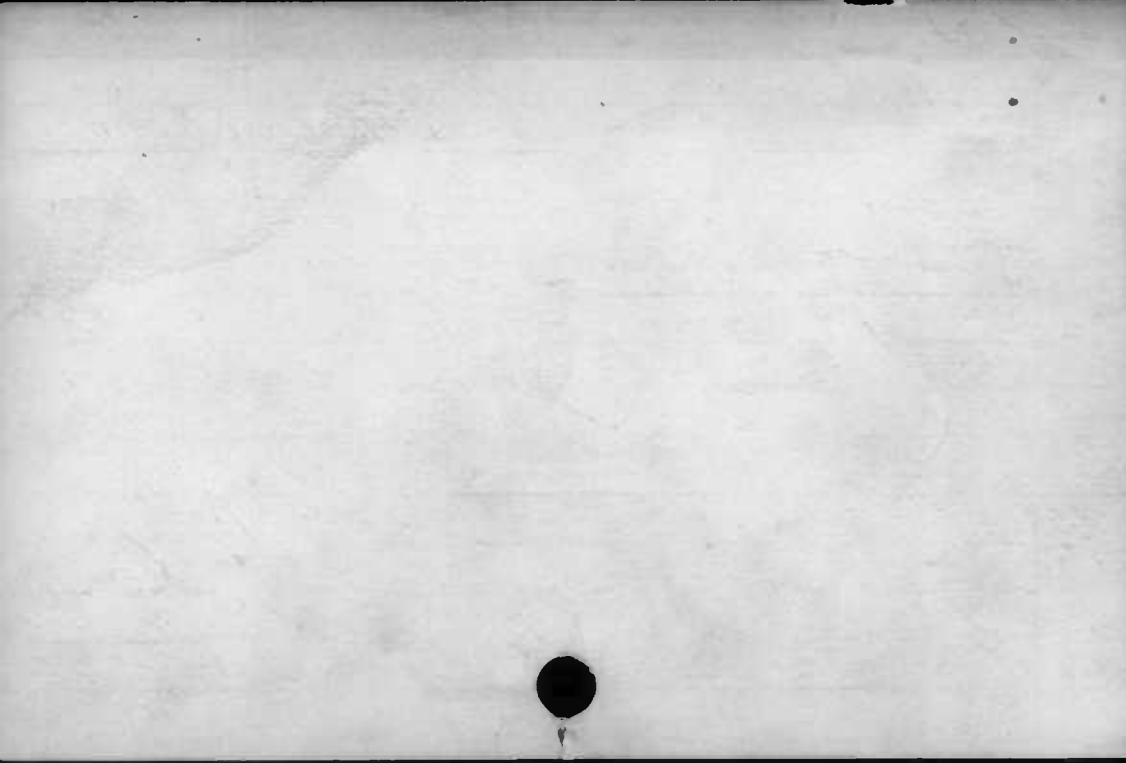
How long

*few min*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

Alley Fiddesburg Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

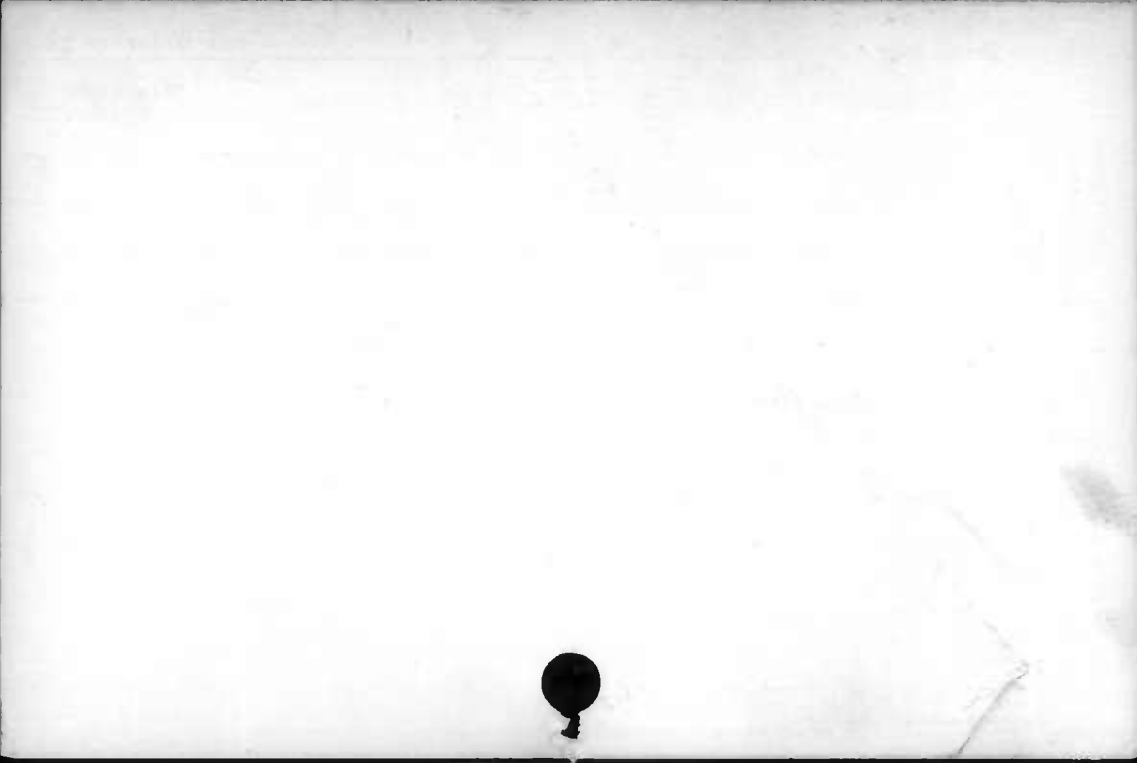
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barton</i>		Town		<i>Allegheny</i>		County		MARYLAND			
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>17</i>		Age <i>2</i>		Months <i>8</i>		Days <i>27</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Barton, Md</i>							
Occupation <i>L</i>				Where Residing if not at place of death <i>L</i>							
Married, Single or Widowed <i>L</i>				Name of Wife or Husband <i>L</i>							
Father's Name <i>George Gowran</i>				Father's Birthplace <i>Davllan</i>							
Mother's Maiden Name <i>Jennie Lees</i>				Mother's Birthplace <i>Davllan</i>							
Name of person giving Information <i>Mrs Jennie Gowran</i>				How related to deceased <i>Mother</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Croup</i>	How long	<i>24 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>S. A. Bonchen</i>
<i>yes</i>		Address	<i>Barton Md</i>
Accident or Suicide			



Name
in
Full

Longi Graco.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		9	5	Age 17			
Sex	Male	Color or Race	White		Birth place	Italy	
Occupation	Truck Hand		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Joseph Graco -				Father's Birthplace	Italy	
Mother's Maiden Name	Valippa Jassardi				Mother's Birthplace	" "	
Name of person giving Information	Joseph Graco				How related to deceased	Father	

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary *Kild on Rail Road accident*

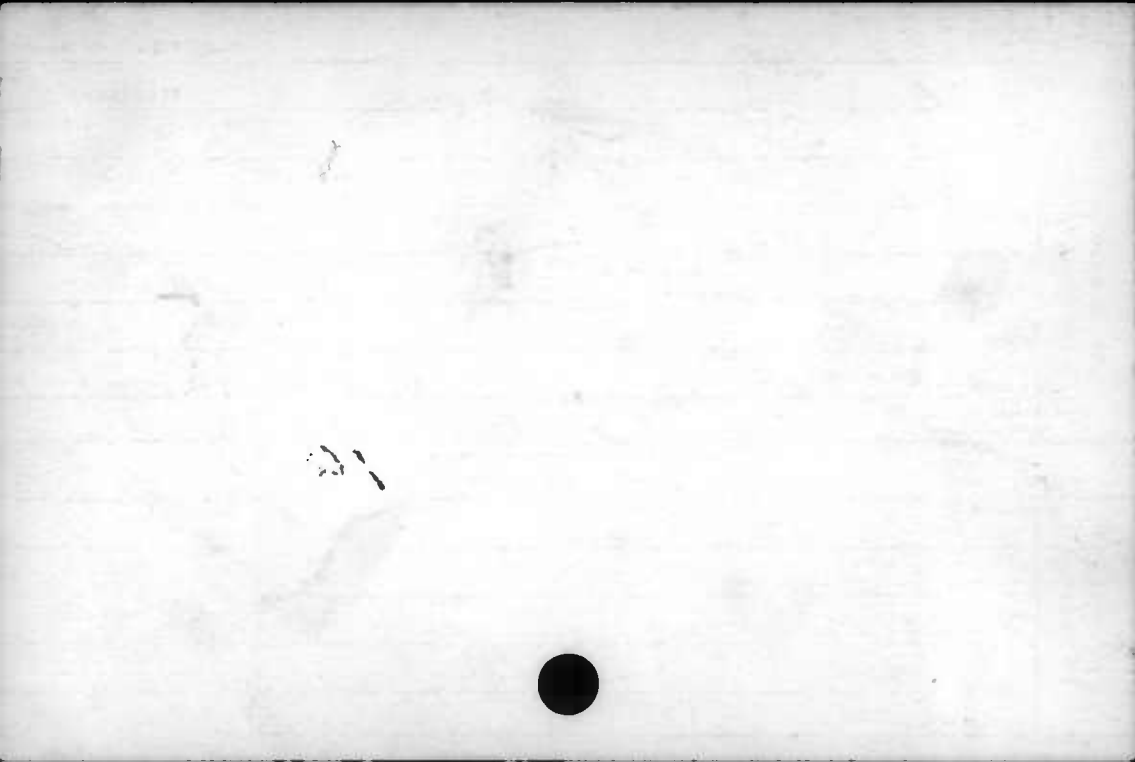
Immediate *Crushed to death*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name in Full		Joseph Green				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Moscow Mills		County		Maryland	
	Date of death		1908		Month		Sept	
			Day		Age		Years	
			25				Months	
							Days	
							10	
	Sex		Male		Color or Race		White	
Occupation		none		Birth-place		Moscow		
		Where Residing if not at place of death						
Married, Single or Widowed		Single		Name of Wife or Husband				
Father's Name		Patrick Green		Father's Birthplace		Ireland		
Mother's Maiden Name		Mary Fitzpatrick		Mother's Birthplace		Ireland		
Name of person giving information		Mary Fitzpatrick Green		How related to deceased		Mother		
<div>CAUSES OF DEATH</div> <div>151</div>								
PHYSICIAN OR CORONER	Primary		Congenital defects		How long		from birth	
	Immediate		Excess in jaundice		How long		one month	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		James C. Bullock	
					Address		Lonsington Md.	
	Accident or Suicide?		no					



Name
in
Full

Annie B Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Burn Town Allegheny County MARYLAND

Date of death 190 8 Month Sept Day 25 Age 73 Years Months — Days —

Sex Female Color or Race White Birth-place Md

Occupation none Where Residing if not at place of death —

Married, Single or Widowed Widowed Name of Wife or Husband Wesley P Hall

Father's Name Charles Sniffin Father's Birthplace England

Mother's Maiden Name Catherine Riley Mother's Birthplace " "

Name of person giving Information Gottie Hall How related to deceased Daughter

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary Hemorrhage lung How long 1 day

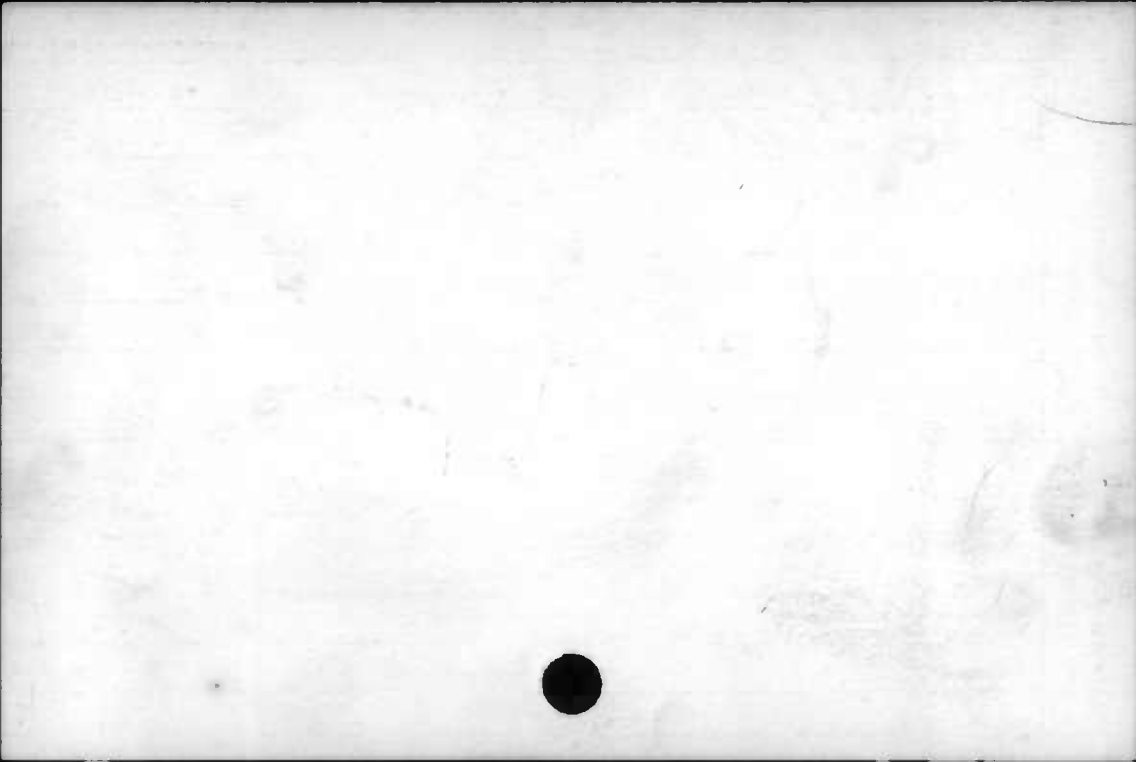
Immediate exhaustion How long 1 hour

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician F. B. Barksdale

Address Cumberland Md.

Accident or Suicide Stim Oltom



Name
in
Full

Victor William Hammers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

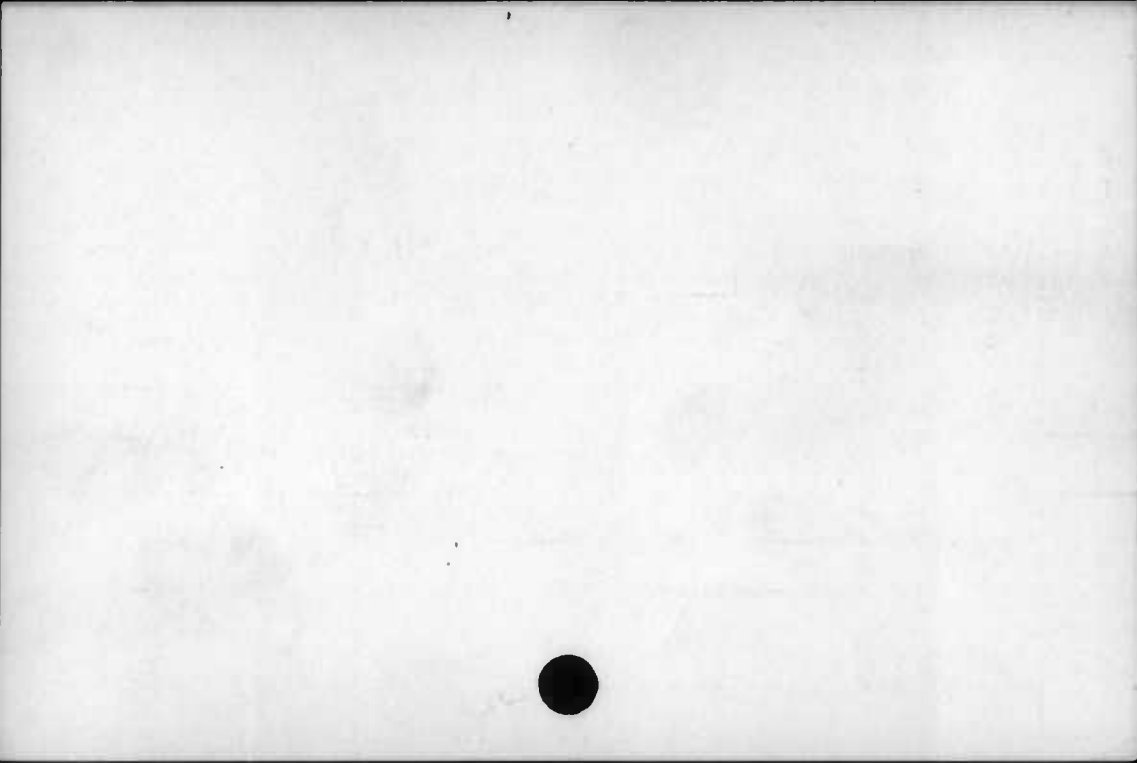
Died at		Town Indsavage		County Allegheny		MARYLAND	
Date of death		1908	Month Sept	Day 19	Age	Years 6	Months 24
Sex Male		Color or Race White		Birth-place Indsavage			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name William Hammers				Father's Birthplace Baltimore			
Mother's Maiden Name Bridget O'Brien				Mother's Birthplace New York			
Name of person giving information Bertha Hammers				How related to deceased Sister			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Acute Infant	How long	2 weeks
Immediate	Exhaust	How long	3 days
Are the name, age, sex, color, date and place correctly given above? y		Signature of Physician F. Alan G. Murray	
		Address Indsavage	
Accident or Suicide?		Ind	



Name
in
Full

Walter W. Hanson

CERTIFICATE OF DEATH

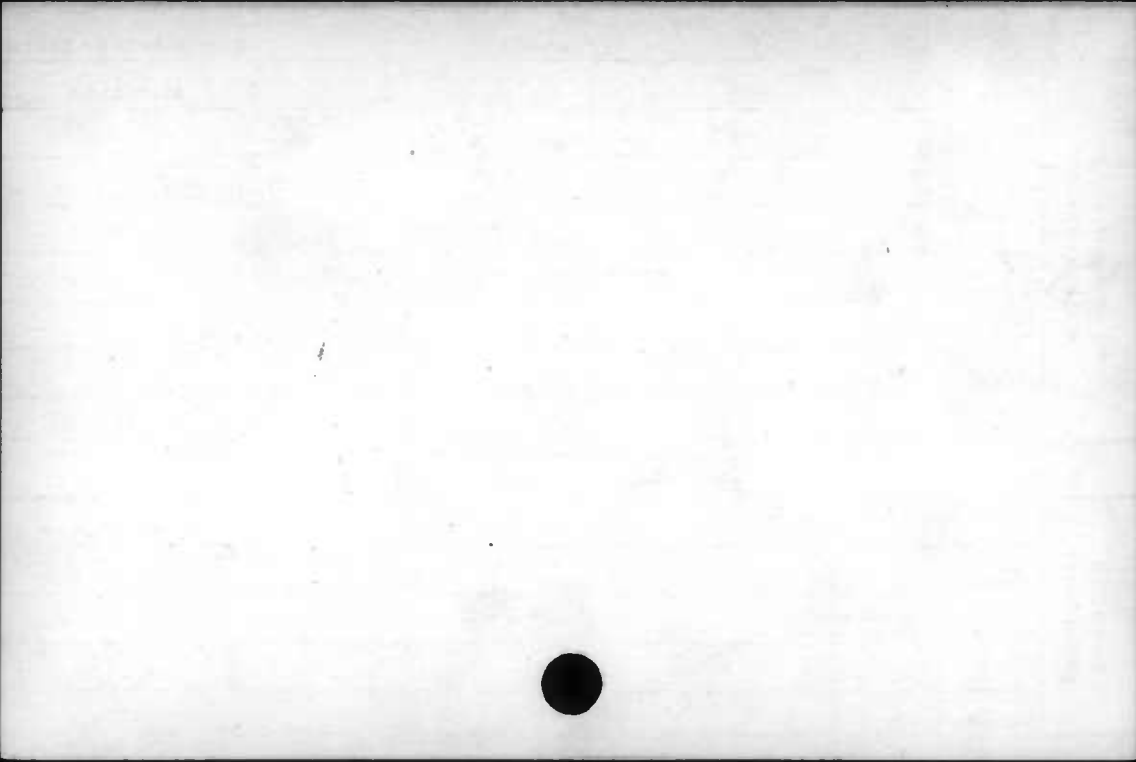
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death		1908	Month Sept	Day 10	Age 29	Years	Months —
Sex Male		Color or Race White		Birth- place Frostburg		Days —	
Occupation Clerk		Where Raiding if not at place of death Frostburg					
Married, Single or Widowed Married		Name of Wife or Husband Annie					
Father's Name James Hanson		Father's Birthplace England					
Mother's Maiden Name Francis Dugan		Mother's Birthplace Ind					
Name of person giving Information James Hanson		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	38 days
Immediate	Stomach	How long	4 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician	
Address Frostburg		Accident or Suicide —	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah A. Helfrich

Town

County

MARYLAND

Died at *Cumt d**anney*

Date

Month

Day

Years

Months

Days

of death 1908

*Sept.**10*

Age

70 -

Sex

*Female*Color or
Race*White*Birth-
place*Philadelphia Pa*

Occupation

*House Keeper -*Where Residing if not
at place of death*-*Married, Single
or Widowed*Widow*Name of ~~Widow~~
Husband*Rudolph -*Father's
Name*John. Howell*Father's
Birthplace*Germany*Mother's
Maiden Name*Do not know*Mother's
Birthplace*Do not know*Name of person giving
Information*John J. Helfrich*How related
to deceased*Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Chronic nephritis -

How long

year

Immediate

4 hours

How long

*weeks*Are the name, age, sex, color, date
and place correctly given above?*yes -*Signature of
Physician*J. H. Lockman*

Address

Lockman

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

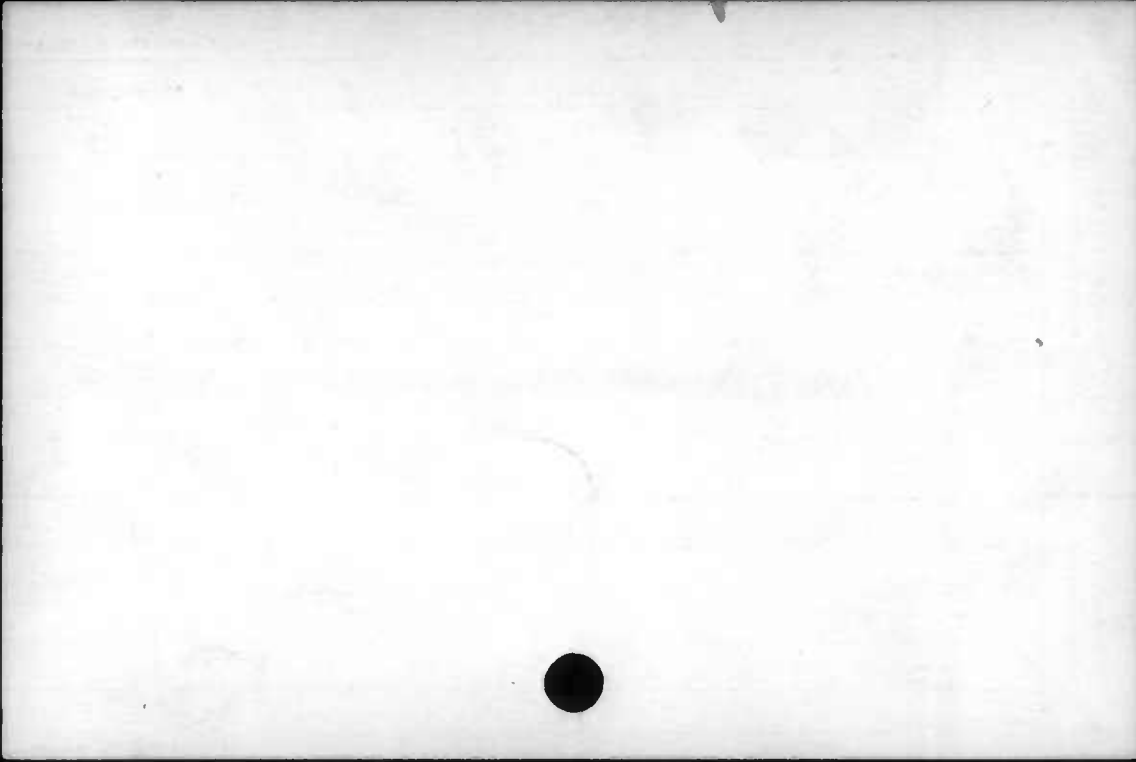
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Henry Houte</i>		Town	County	MARYLAND	
Died at <i>near Cumberland</i>		<i>Allegany</i>			
Date of death	190 <i>8</i>	Month	<i>Sept</i>	Day	<i>14</i>
Age		<i>31</i>	Years	Months	<i>—</i>
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>MD</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband <i>Nanomi Harrison</i>			
Father's Name	<i>John Houte</i>		Father's Birthplace <i>Germany</i>		
Mother's Maiden Name	<i>Whana M. Diergar</i>		Mother's Birthplace <i>Germany</i>		
Name of person giving Information	<i>Nanomi Houte</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Diabetes</i>	How long	<i>2 years</i>
Are the name, age, sex, color, date and place correctly given above?		Yes <i>✓</i>	
Signature of Physician <i>Stetson</i>		Address <i>Thas. W. Hoard</i> <i>Cumberland, Md</i>	
Accident or Suicide			



Name
in
Full

Frederick Newton Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

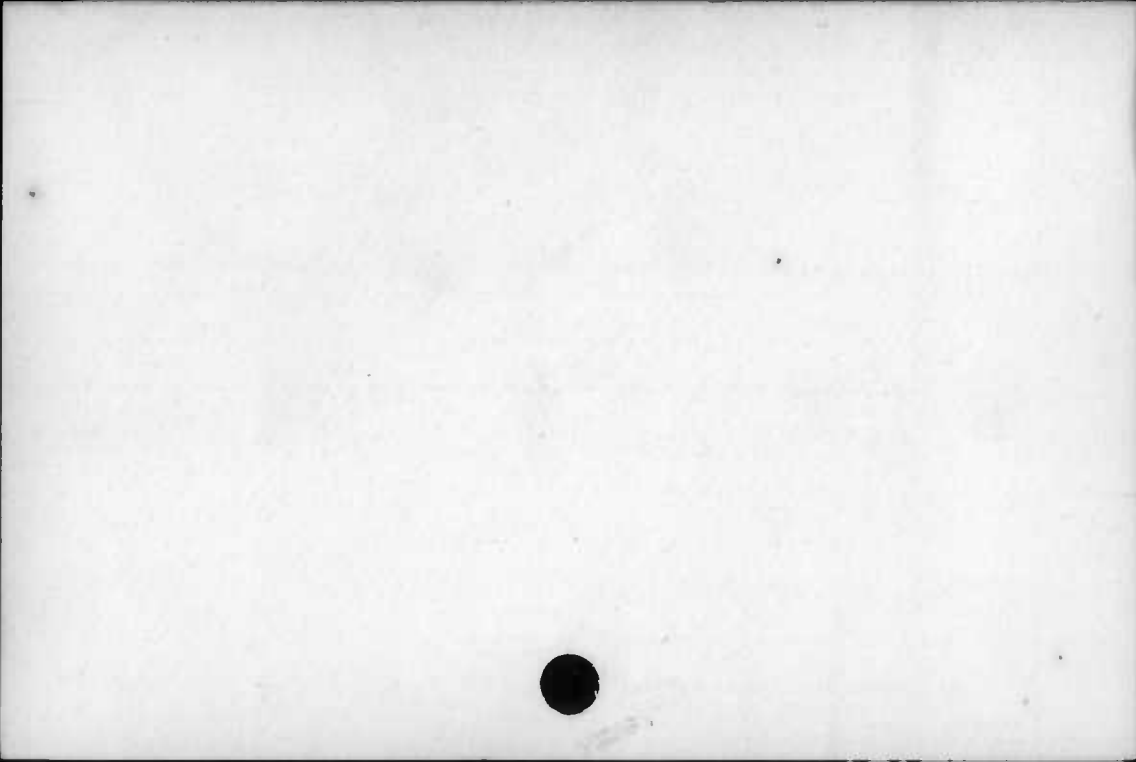
Died at <u>Lonacony</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	1908	Month	Sept	Day	30
Age	74	Years	7	Months	16
Sex	Male	Color or Race	White	Birth-place	England
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <u>Sarah Williams</u>			
Father's Name	<u>William Jones</u>			Father's Birthplace <u>England</u>	
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	
Name of person giving information	<u>Mrs. Fred. Jones</u>			How related to deceased <u>Wife</u>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<u>Cerebral hemorrhage</u>	How long	<u>2 weeks</u>
Immediate	<u>11</u>	How long	<u>11</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Henry B. Hodgson M.D.</u>	
		Address	
		<u>Lonacony, Ind.</u>	
Accident or Suicide?			
<u>No</u>			



Name
in
Full

W. Grant Layman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

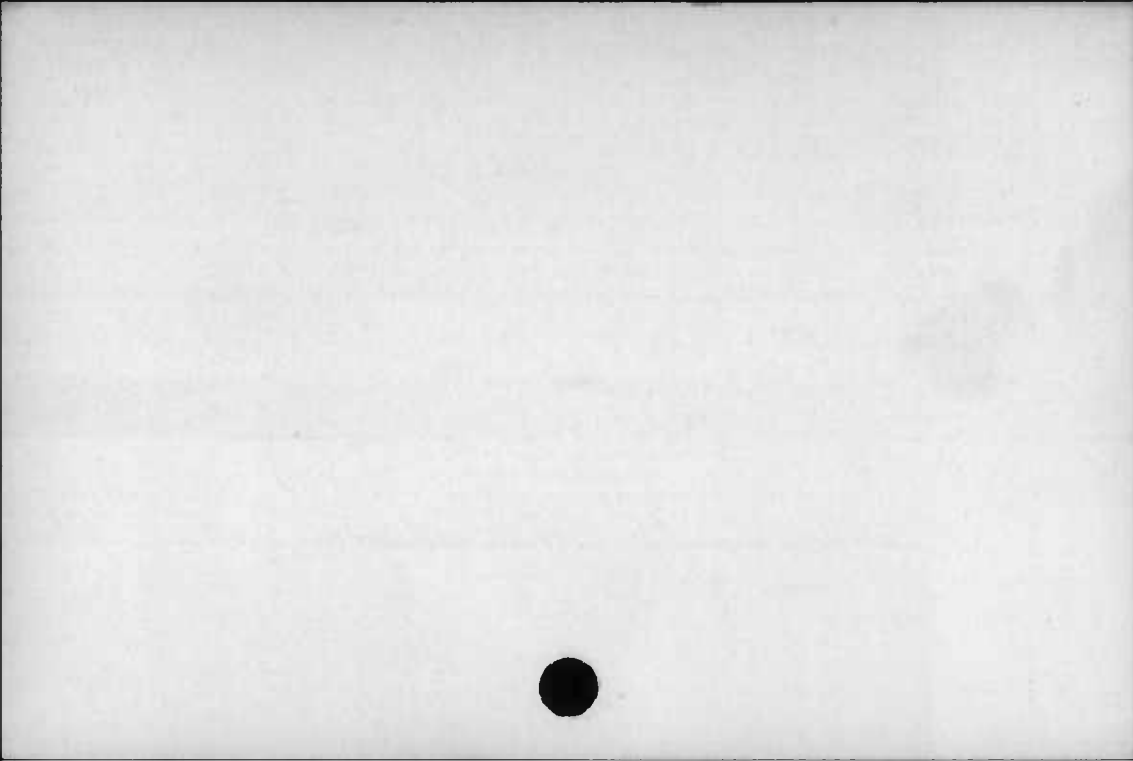
Died at		Town 7700 Liberty		County Allegheny		MARYLAND	
Date of death	1908	Month Sept	Day 26	Age 43	Years 43	Months —	Days —
Sex	male		Color or Race	white		Birth- place	Ind
Occupation	Miner			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Norman B. Layman					Father's Birthplace	Ind
Mother's Maiden Name	Rebecca Endfield					Mother's Birthplace	Ind
Name of person giving In formation	R. O. Layman					How related to deceased	Brother

CAUSES OF DEATH

98

PHYSICIAN
OR CORONER

Primary	Unverr Colored - Emphysema	How long	6 years
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Henriette Lear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Cumberland Town Alleghany County MARYLANDDate of death 1908 Sept Month 14 Day 70 Age 4 Months 7 DaysSex Female Color or Race White Birth-place GermanyOccupation House Keeper. Where Residing if not at place of death -Married, Single or Widowed Widow Name of Wife or Husband AugustFather's Name Dr not know Father's Birthplace GermanyMother's Maiden Name Dr not know Mother's Birthplace GermanyName of person giving Information Augusta Banner How related to deceased Daughter

CAUSES OF DEATH

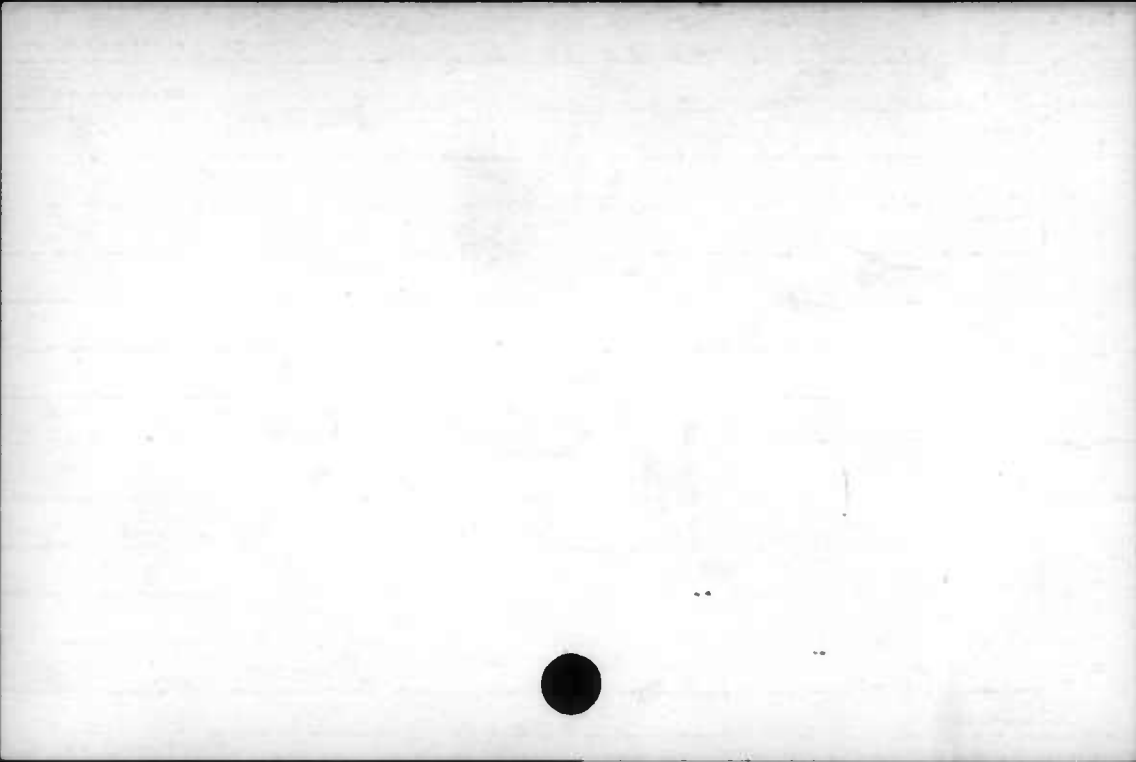
40

Primary Cancer of Stomach How long several monthsImmediate Paralysis of Heart How long one hourAre the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

PHYSICIAN
OR CORONERSteenAccident or Suicide -Alleghany
Cumberland



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Inf. Harry Little

D. Cumberland Town *Allegheny* County

MARYLAND

Date of death *1908* Month *Sept.* Day *24* Age *Years* Months *Half hour* Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Harry Little* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary A. Jackson* Mother's Birthplace *Maryland*

Name of person giving information *Mary A. Jackson* How related to deceased *Mother*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Inefficient development* How long *Intrauterine* *5 mos.*

Immediate *Exhaustion* How long *Half hour*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. R. Hodges M. D.*

Address *Cumberland, Md.*

Accident or Suicide? *No*

$$\begin{array}{r} 5250 \\ 15 \\ \hline 3710 \end{array}$$

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Margrette Marean
Town Cumberland County
Died at
Date of death 1908 Sept. 7 Age 4
Sex Female Color or Race White Birth-place Cumberland,
Occupation None Where Residing if not at place of death

MARYLAND

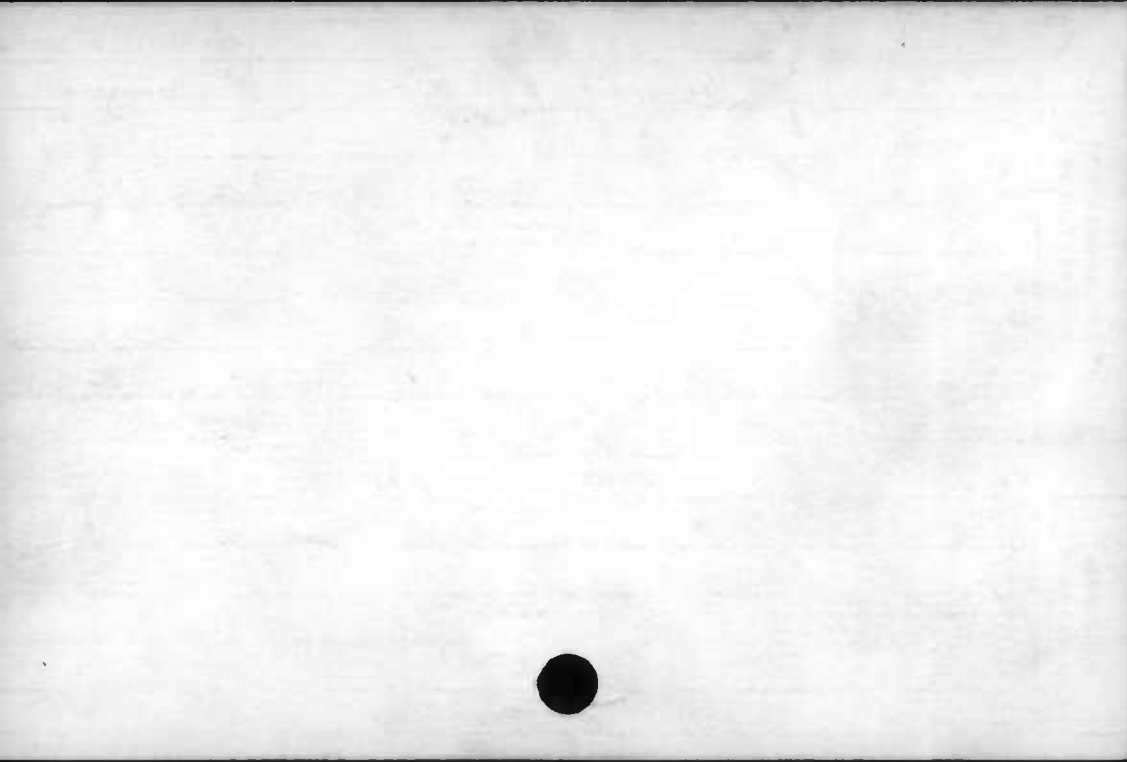
Married, Single or Widowed Single Name of Wife or Husband None
Father's Name Raymond Marean Father's Birthplace Cumberland.
Mother's Maiden Name Elizabeth Powers Mother's Birthplace Cumberland.
Name of person giving Information M. Marean How related to deceased Mother.

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary Burns
Immediate Shock
Are the name, age, sex, color, date and place correctly given above? Yes.
Signature of Physician James J. Shuron, M.D.
Address Cumberland Md.
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

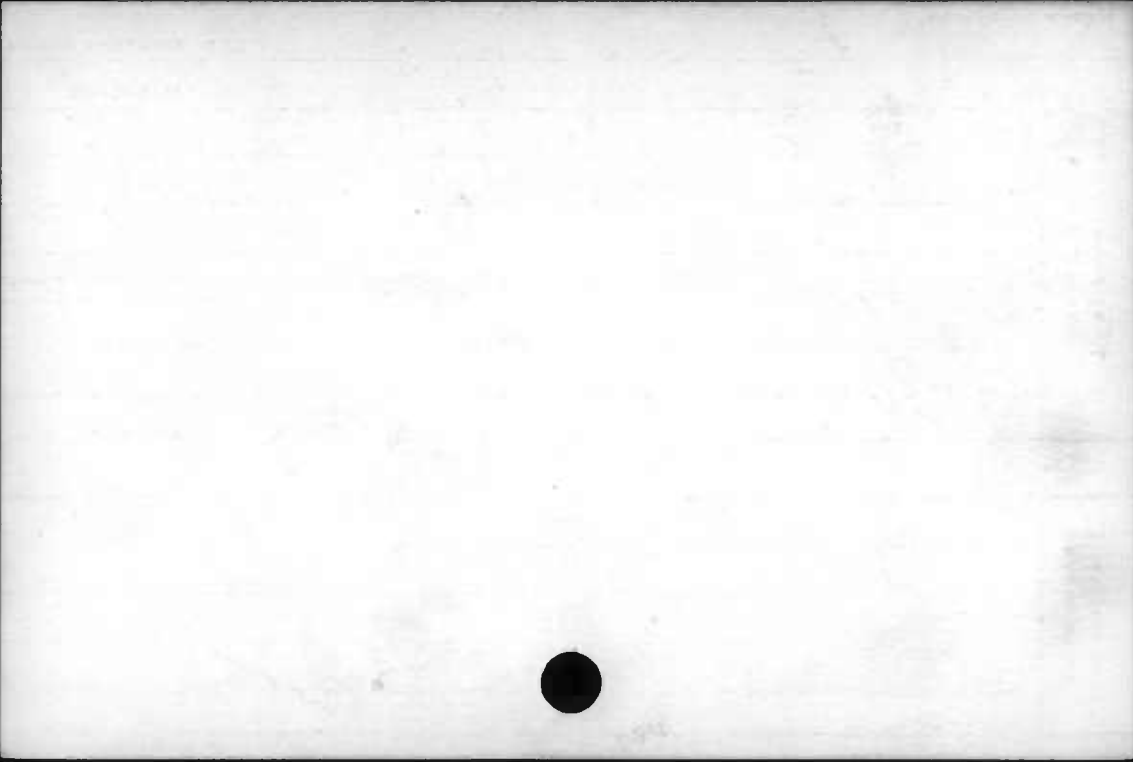
Name in Full <i>Mary b Martin</i>		Town <i>Brunswick</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Brunswick</i>		Month <i>Sept</i>		Day <i>17</i>		Years <i>26</i>	
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>17</i>		Age <i>26</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>—</i>	
Occupation <i>none</i>		Where Reaiding if not et place of death <i>—</i>		Days <i>7</i>			
Merried, Single or Widowed <i>Single</i>		Name of Wife or Huaband <i>Not married</i>		Fether's Birthplace <i>Scotland</i>		Mother's Birthplace <i>Md</i>	
Father's Name <i>James Martin</i>		Mother's Maiden Nama <i>Mary Muir</i>		How related to deceased <i>Father</i>			
Name of person giving Information <i>James Martin</i>							

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 mo.</i>
Immedieta <i>Exhaustion</i>	How long <i>17 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edward Harris</i>
<i>Penaeomys</i>	Address <i>Cumbrland</i>
Accident or Suicide <i>Stom</i>	<i>Hub Md.</i>



Name
in
Full

Thomas McCutcheon

CERTIFICATE OF DEATH

Town

County

Died at - Barton

Allegheny

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

Sept

12th

Age

71

8

12

Sex

Male

Color or
Race

White

Birth-
place

Ireland

Occupation

Miner

Where Residing if not
at place of deathMarried, Single
or Widowed

widower

Name of Wife or
Husband

Martha McCutcheon

Father's
Name

Andrew McCutcher

Father's
Birthplace

Ireland

Mother's
Maiden Name

Ellen Munnins

Mother's
Birthplace

Ireland

Name of person giving
In formation

Ellen McCutcheon

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Probably Cancer of Stomach

How long

Immediate

Gastritis & exhaustion

How long

4 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. G. Boucher

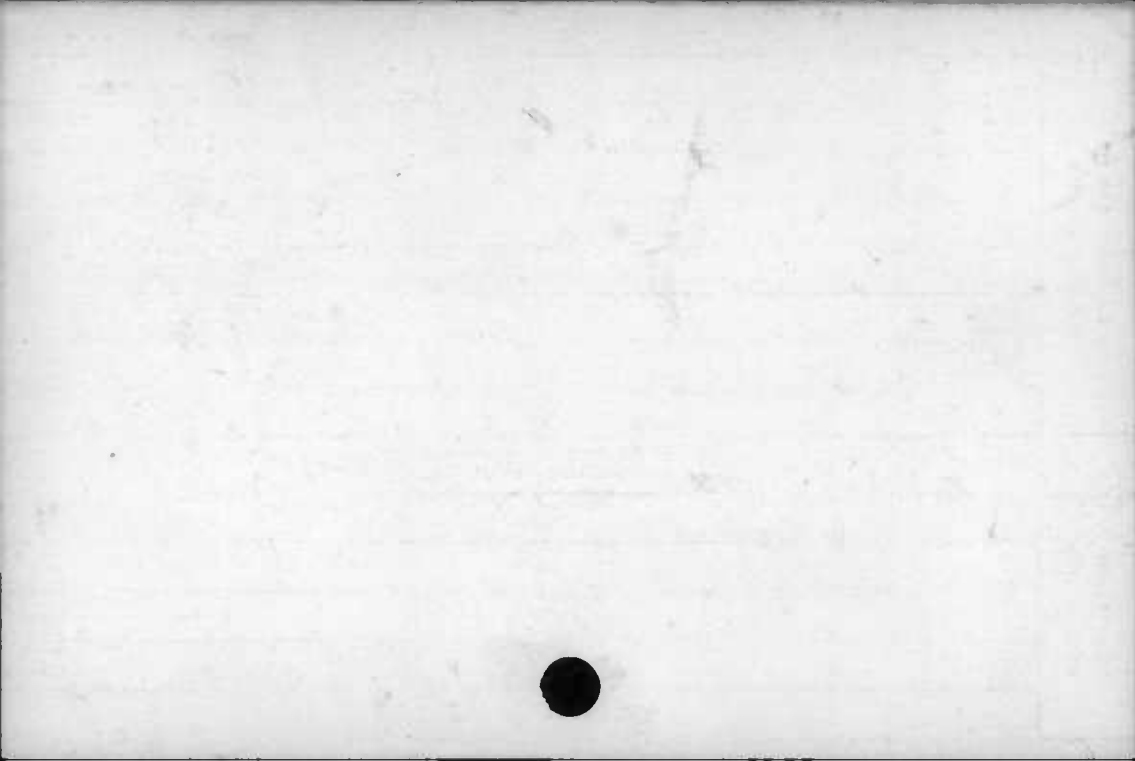
Address

Barton Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

40



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John McNamee</i>		Town <i>Tombolence</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Tombolence</i>		Month <i>Sept.</i>		Day <i>10.</i>		Years <i>-</i>	
Date of death <i>1908</i>		Month <i>Sept.</i>		Day <i>10.</i>		Years <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Tombolence</i>		Days <i>one</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>John Joseph McNamee</i>		Father's Birthplace <i>T. Dokokota</i>					
Mother's Maiden Name <i>Julie Bashmann</i>		Mother's Birthplace <i>Martinsburg W. Va.</i>					
Name of person giving information <i>John J. McNamee</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary <i>For Presentation</i>	How long <i>-</i>
Immediate <i>Asphyxia</i>	How long <i>minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. J. Twigg</i>
<i>Ischemic</i>	Address <i>Cambridge, Md.</i>
Accident or Suicide	

135 Penn ave.

MasTinsbury W. W.

Berkely Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Annrie C. Keff</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>Sept</i>		Day <i>19</i>		Years <i>72</i>	
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>19</i>		Years <i>72</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Washington Co Md</i>			
Occupation <i>retired</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>James</i>					
Father's Name <i>Himes</i>		Father's Birthplace <i>W. Co Md</i>					
Mother's Maiden Name <i>Eliza Grimm</i>		Mother's Birthplace <i>" " Md</i>					
Name of person giving Information <i>J. W. Keff</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>30 hours</i>
Immediate	<i>Paralysis</i>	How long	<i>30 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	
<i>Hein</i>		Address <i>W. J. Keff</i>	
Accident or Suicide		<i>Cerebral m.c.</i>	

From
The Board of Health
of
Lancaster
Mass
no 39 Deaths

Name
in
Full

CERTIFICATE OF DEATH

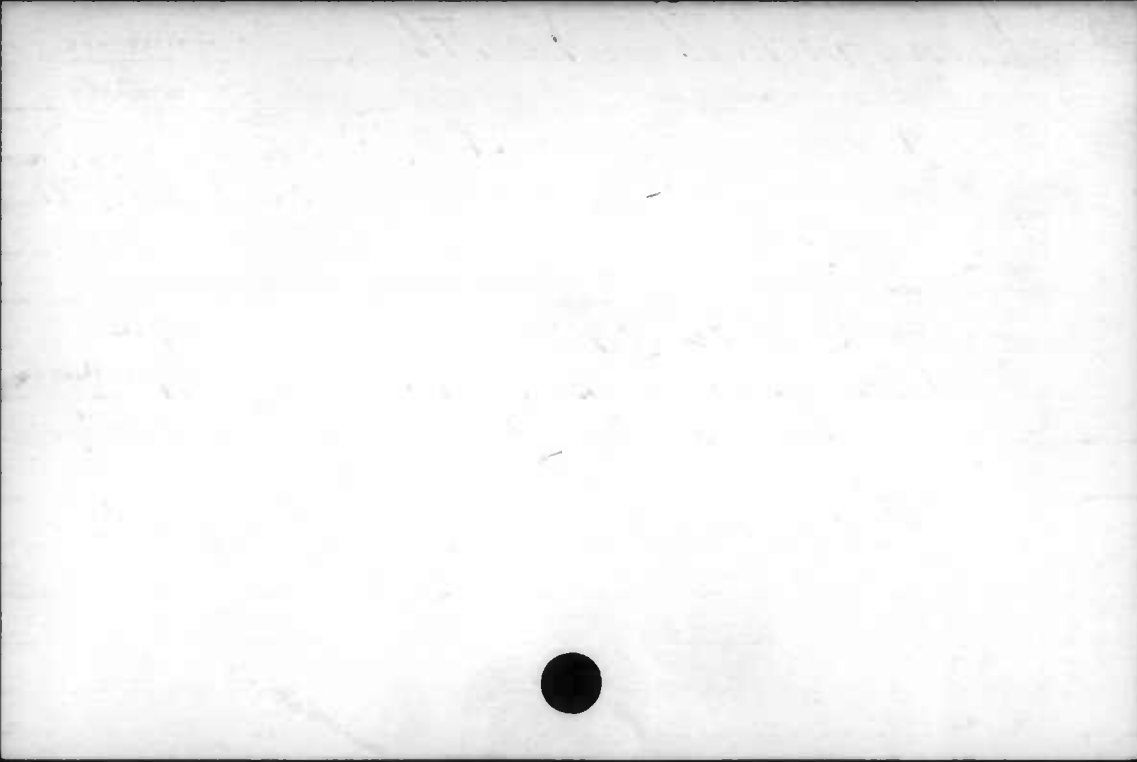
TO BE ANSWERED BY
NEAREST FRIEND

Died at Embsland ^{Town}		Allegheny ^{County}		MARYLAND	
Date of death 1908	Sept ^{Month}	27 ^{Day}	Age 24 ^{Years}	— ^{Months}	— ^{Days}
Sex Female	Color or Race White	Birth place Hartmansville		WVa	
Occupation Nurse	Where Residing if not at place of death Keyser Wva				
Married, Single or Widowed Single	Name of Wife or Husband Jove				
Father's Name J. C. South	Father's Birthplace Wva				
Mother's Maiden Name Mary E. Rogers	Mother's Birthplace Wva				
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever	How long 2 weeks
Immediate Meningitis	How long 3 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. J. Duke M.D.
	Address Embsland Md
<input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide	



Name
in
Full

Bridget O'Brien

CERTIFICATE OF DEATH

Died at ^{Town} Mt SavageCounty ^{County} Allegany

MARYLAND

Date of death 1908 Sept 8

Day 8 Year 80

Months Days

Sex Female

Color or Race White

Birth-place Ireland

Occupation None

Where Residing if not at place of death

Married, Single or Widowed Widow

Name of Wife or Husband

Patrick O'Brien

Father's Name Patrick O'Reilly

Father's Birthplace Ireland

Mother's Maiden Name Julia O'Connell

Mother's Birthplace Ireland

Name of person giving information Jas Hammer

How related to deceased Similar

CAUSES OF DEATH

154

Primary Similar

How long 1 year

Immediate Exhaustion

How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

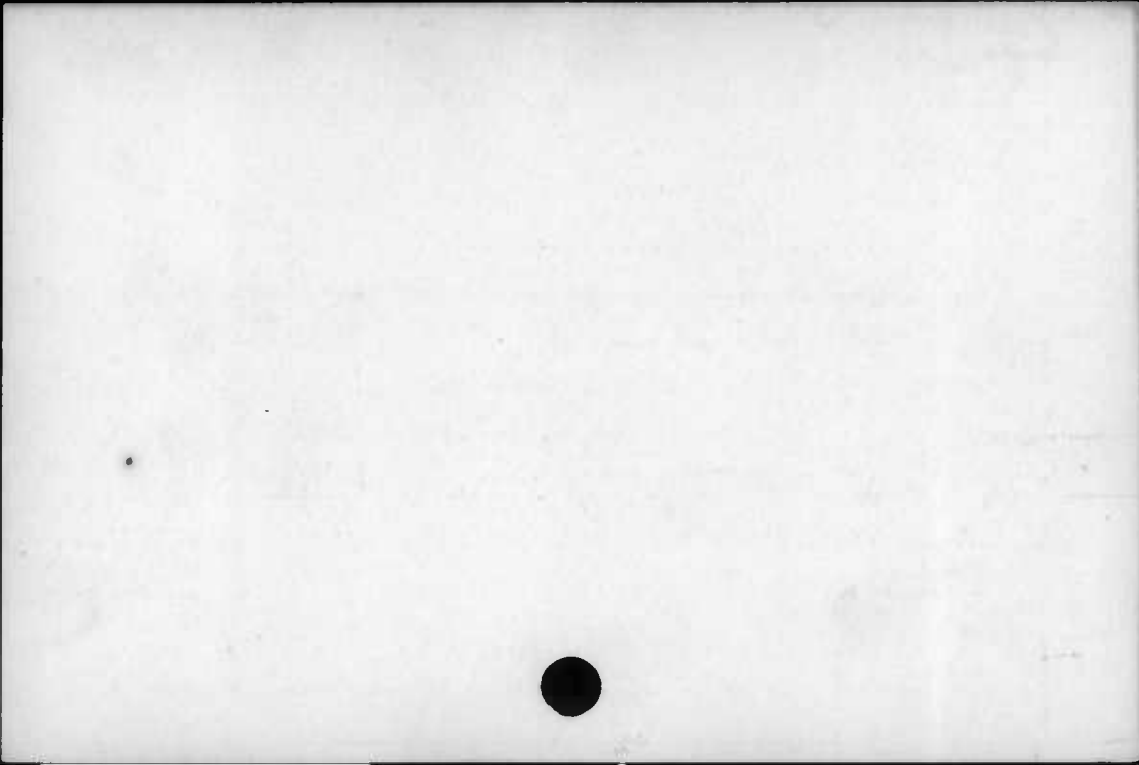
F. Alan G. Murray

Address

Mt Savage

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

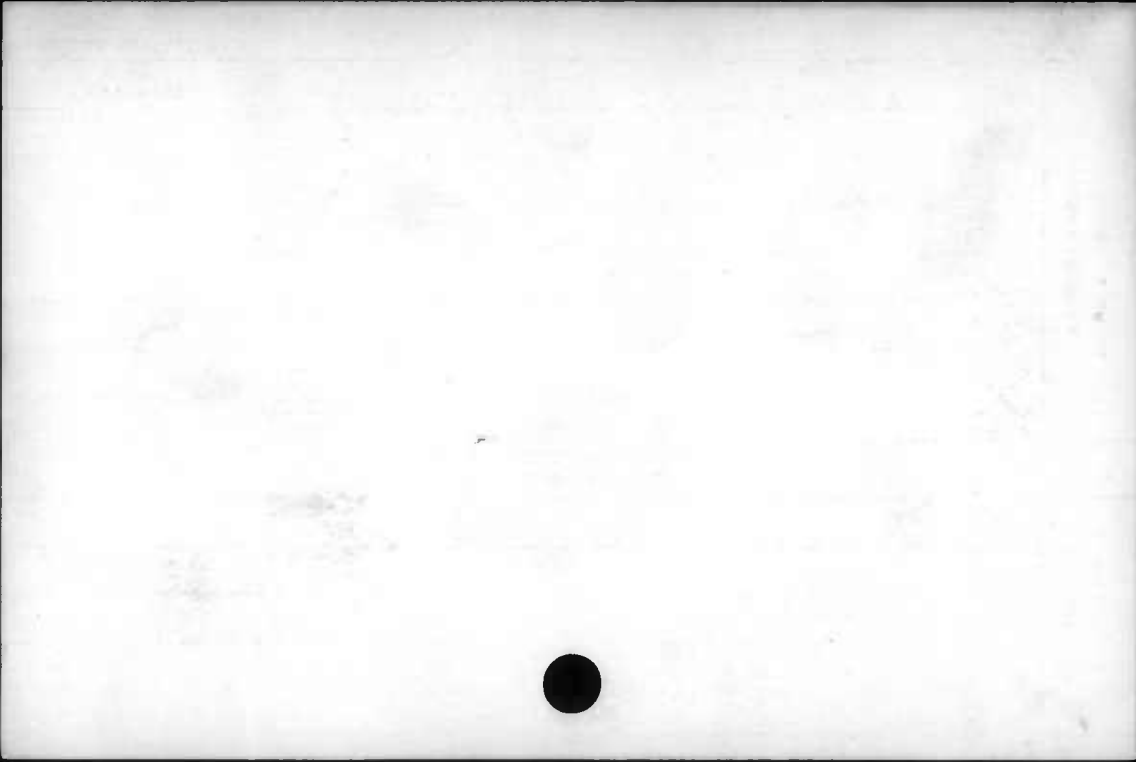
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name in Full G. C. Pierce		Town Cumtland		County Allegheny		State MARYLAND	
Died at Cumtland		Month 9		Day 28		Years 23	
Date of death 1908		Month 9		Day 28		Age 23	
Sex Male		Color or Race White		Birth place Rowlesburg			
Occupation Breadman		Where Residing if not at place of death Gray Fox W. Va					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name James L. Pierce		Father's Birthplace W. Va					
Mother's Maiden Name Virginia Bowman		Mother's Birthplace Harrodsburg, Ky					
Name of person giving Information Prof. B. Gossett		How related to deceased Mother					

CAUSES OF DEATH

Primary Cause of Death Struck on head by train		How long 2 days	
Immediate Cause of Death Cerebral hemorrhage		How long 2 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. S. Layman	
Address Rowlesburg, W. Va		Address Cumtland, Md	
Accident or Suicide Accident			



Name
in
Full

Carrie Reister

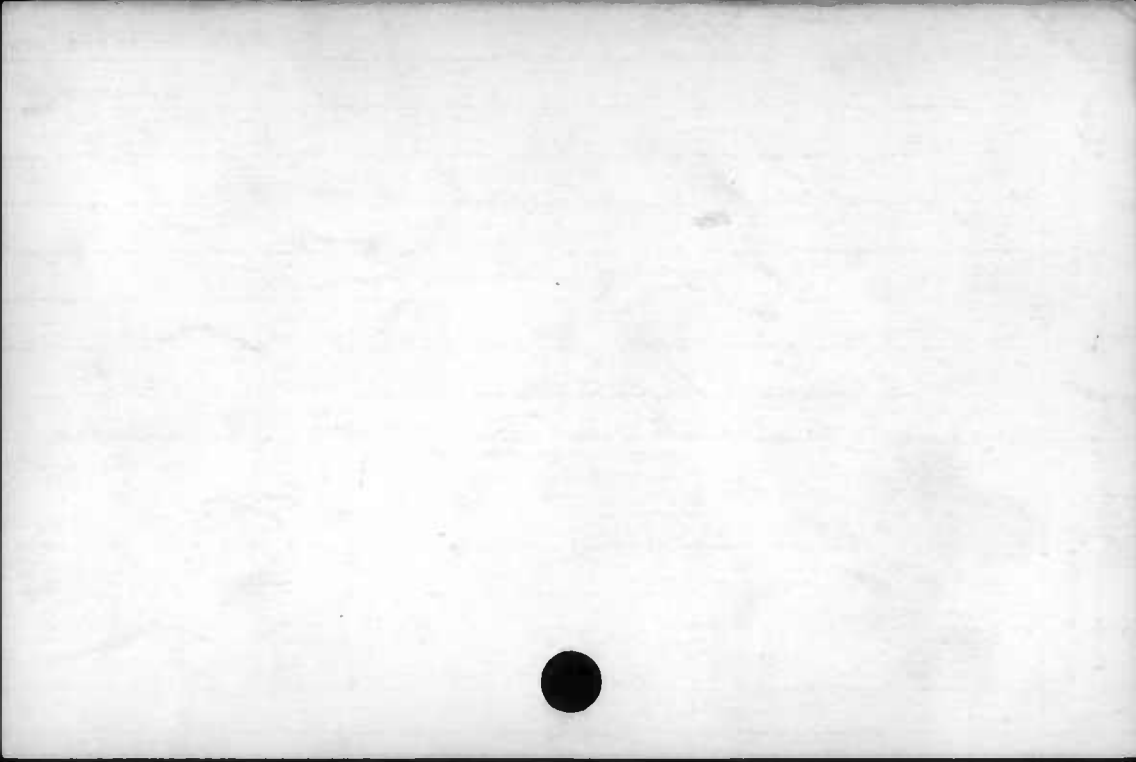
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cumtland* Town *Allegh.* County **MARYLAND**Date of death 1908 *Sept* Month *26* Day Age *7* Years Months DaysSex *Female* Color or Race *White* Birth-place *Ind*Occupation *none* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *None.*Father's Name *Jonathon D Reister* Father's Birthplace *Ind*Mother's Maiden Name *Bertie Keller* Mother's Birthplace *Ind*Name of person giving Information *J. D. Reister* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONERPrimary *Enterocolitis* How long *10 days*Immediate *Exhaustion* How long *6 hrs.*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Edward Harris**John* Address *Cumtland*Accident or Suicide *no.* *Maryland.*



Name
in
Full

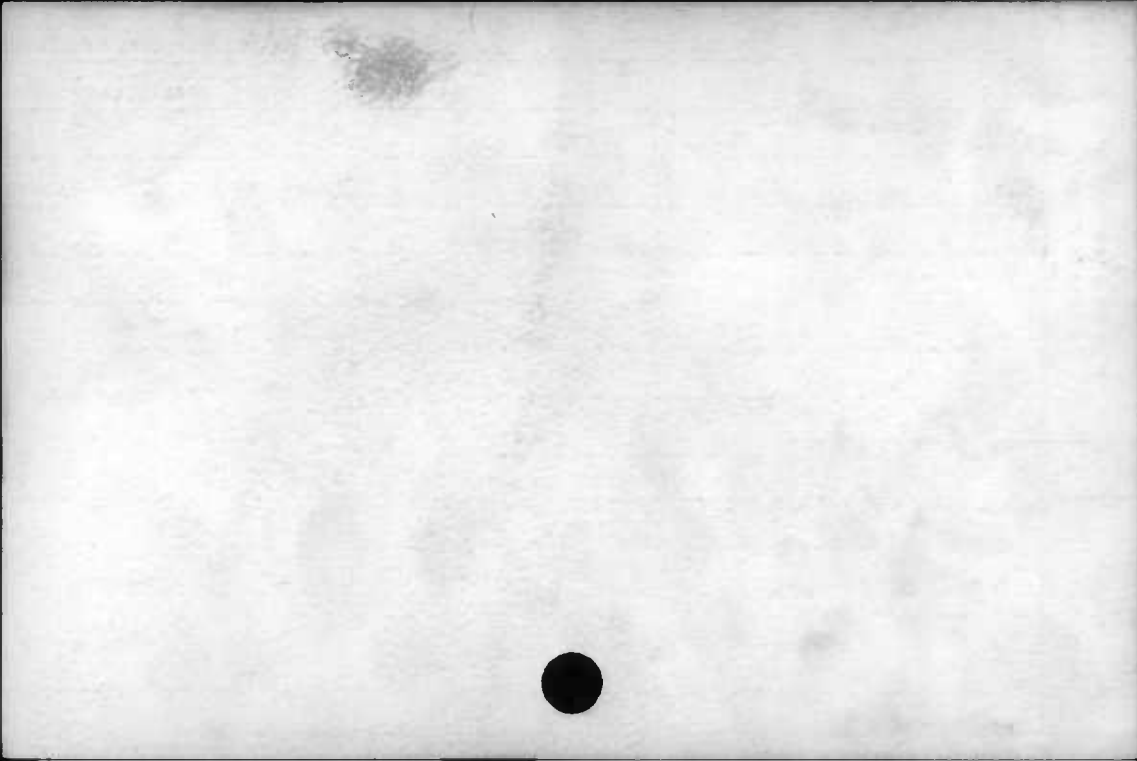
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1908		Sept	29	Age 28		
Sex		Color or Race		Birth-place		
Male		Italian		Italy.		
Occupation		Where Residing if not at place of death				
Laborer						
Married, Single or Widowed		Name of Wife or Husband				
Single		None				
Father's Name		Father's Birthplace				
Do not know		Do not know				
Mother's Maiden Name		Mother's Birthplace				
" " "		" " "				
Name of person giving Information		How related to deceased				
L. H. Stern		Undertaker				

PHYSICIAN
OR CORONER

CAUSES OF DEATH		(41)
involving		
Primary		How long
Cancer of Spleen & Descending Colon		L. H.
Immediate		How long
" "		L. H.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		A. H. Hawkins
Stem		Address
Accident or Suicide		Cumberland
X		2nd



Name
in
Full

Virgil Isaac Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Cumberland

Town

County

Alleg

MARYLAND

Date
of death

1908

Month

Sept.

Day

10

Age

Years

8

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Cunuld

Occupation

None

Where Residing if not
at place of death

—

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

William Russell

Father's
Birthplace

Md

Mother's
Maiden Name

Anna Hopkins

Mother's
Birthplace

Md

Name of person giving
Information

William Russell

How related
to deceased

Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Acute miliary tuberculosis

How long

3 weeks

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Surgeon Starn

Address

1044 Mechanic
Shanty

Accident or Suicide

no

1000



Name
in
Full

Elmer Seibert

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

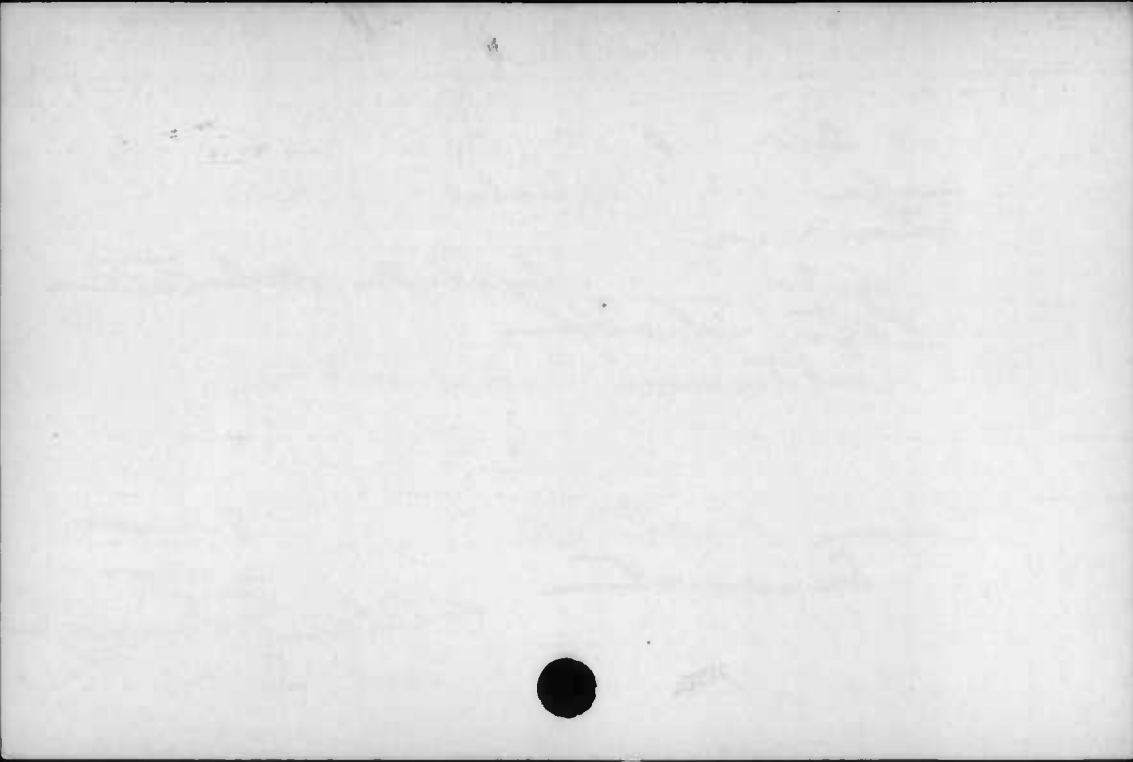
Died at <u>Frederick</u> Town		County <u>Allegany</u>		MARYLAND	
Date of death	190 <u>8</u>	Month <u>7</u>	Day <u>22</u>	Age <u>—</u> Years	Months <u>5</u> Days
Sex <u>male</u>	Color or Race <u>W</u>		Birth-place <u>Ind</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>S</u>		Name of Wife or Husband			
Father's Name <u>Samuel Seibert</u>			Father's Birthplace <u>Pa.</u>		
Mother's Maiden Name <u>Mary Lewis</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Father</u>			How related to deceased		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Enterocolitis</u>	How long <u>3 mo</u>
Immediate <u>Exhaustion</u>	How long <u>1 wk</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Seibert</u>
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

John P. Shaffer
 Died at ^{Town} Mt Savage ^{County} Allegany
 Date of death 1908 ^{Month} Sept ^{Day} 10 Age ^{Years} 71 ^{Months} 3 ^{Days}
 Sex male Color or Race White Birth-place Pa.
 Occupation Laborer Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband Elizabeth Hochstetler
 Father's Name Peter Shaffer Father's Birthplace Bedford Pa.
 Mother's Maiden Name Catherine Andrews Mother's Birthplace Bedford Pa.
 Name of person giving information How related to deceased

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary Cancer Rectum How long 8 mos
 Immediate Exhaustion How long 2 mos
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician F. Alan G. Munay
 Address Mt Savage Md
 Accident or Suicide?



Name
in
Full

Charles P. Shiflett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostburg</u> Town:		<u>Allegany</u> County		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Sept.</u>	Day	<u>6</u>
Age	<u>3 mo</u>	Years		Months	
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Frostburg</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Charles Shiflett</u>			Father's Birthplace	<u>Va</u>
Mother's Maiden Name	<u>Minnie Woods</u>			Mother's Birthplace	<u>N. Va.</u>
Name of person giving information	<u>Charles Shiflett</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum and Dysentery</u>	How long	<u>5 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. L. Conroy</u>
		Address	<u>Frostburg Md</u>
Accident or Suicide?			

Hager.

Ally Bern

Name
in
Full

Herman L Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Herman ^{County} Allegany **MARYLAND**

Date of death 1908 ^{Month} Sep ^{Day} 27 ^{Age} 0 ^{Years} 4 ^{Months} 1 ^{Days}

Sex male ^{Color or Race} White ^{Birth-place} Pa

Occupation none ^{Where Residing if not at place of death} —

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Edw. S. Smith

Father's Birthplace

Pa

Mother's Maiden Name

Cora E. Waters

Mother's Birthplace

Pa

Name of person giving Information

Edw. S. Smith

How related to deceased

Father

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary

Meningitis

How long

4 Days

Immediate

Exhaustion

How long

4 Days

Are the name, age, sex, color, date and place correctly given above?

Yes

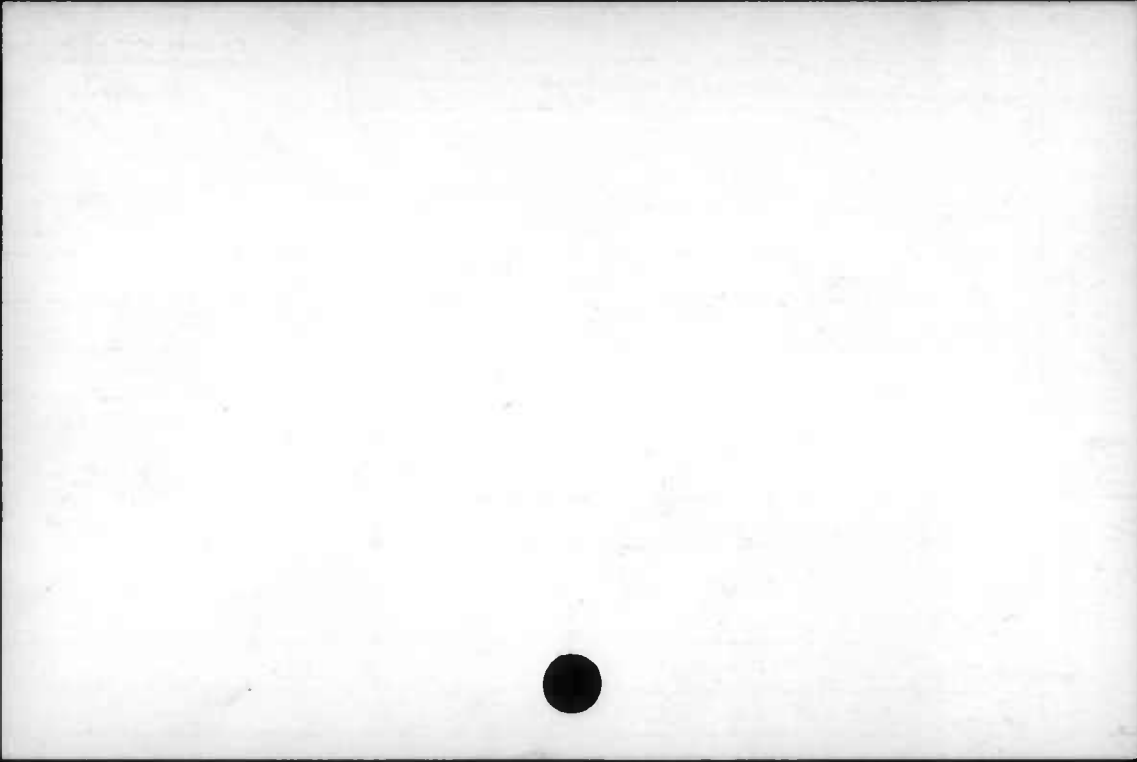
Signature of Physician

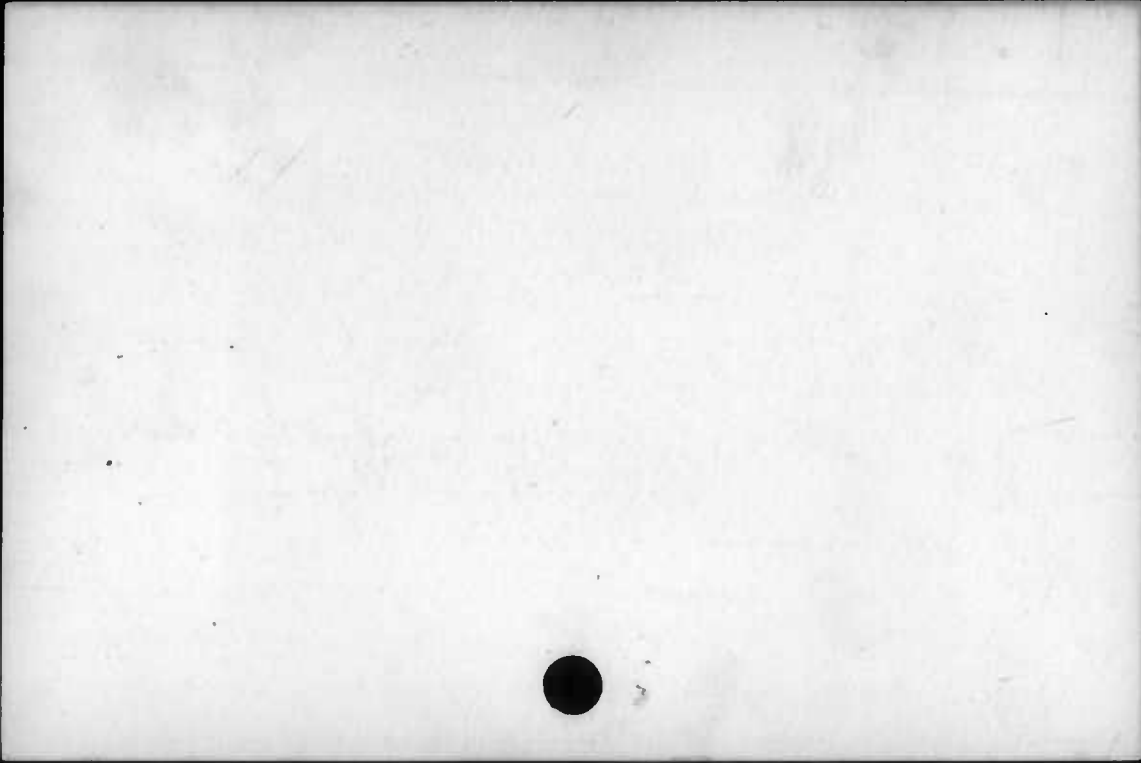
Address

St. J. Pariaq,
Cumberland
MD.

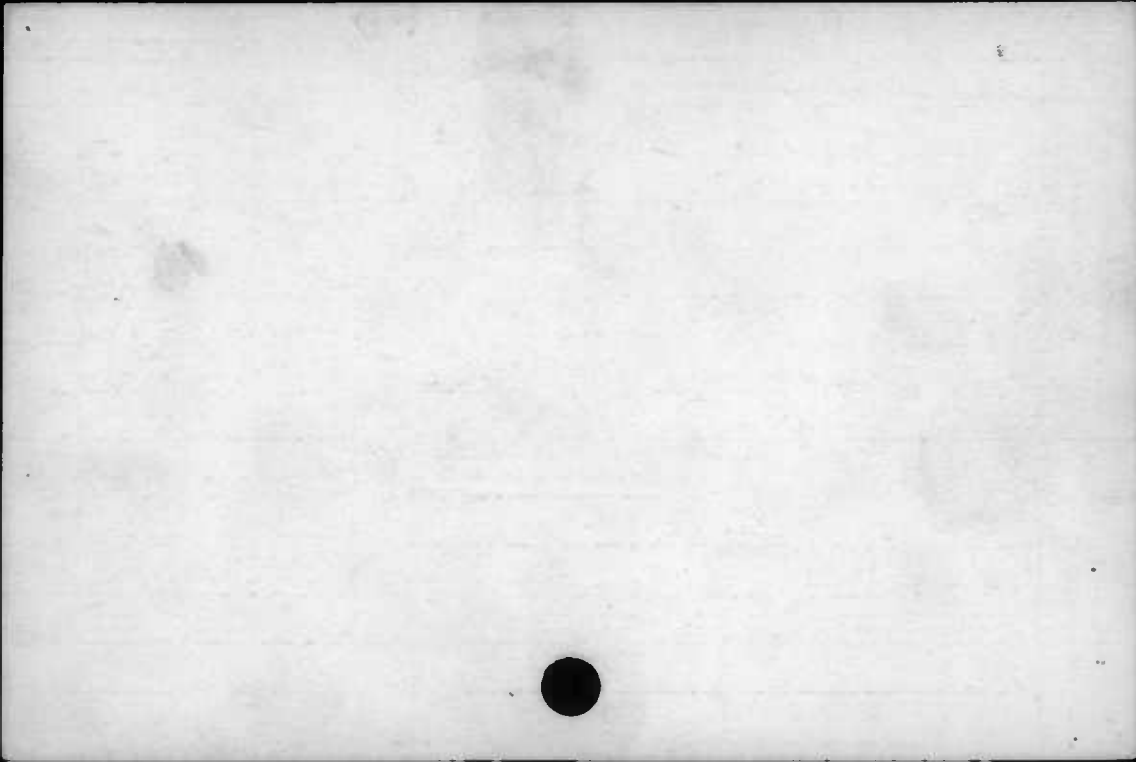
Accident or Suicide

Stem
Mann
Amie





Name in Full <i>No Name</i>		Town <i>Stachan</i>		County <i>Allegheny</i>		CERTIFICATE OF DEATH	
Died at <i>Exhort Mines</i>		MAYLAND					
Date of death <i>1908</i>		Month <i>Sept</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Exhort Mines</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Exhort Mines</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Robert Strachan</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Russell Exhort</i>		Mother's Birthplace <i>Exhort Mines</i>					
Name of person giving information <i>Mother</i>		How related to deceased <i>Mother</i>					
		CAUSES OF DEATH				105	
Primary <i>Gastric Enteritis</i>		How long <i>Since birth</i>					
Immediate <i>Transition</i>		How long <i>3 weeks</i>					
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. C. Holsinger</i>		Address <i>Exhort Mines</i>			
Accident or Suicide? <i>—</i>							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ray Martin Stamb
 Died at *Alhambra* ^{Town} *Allegany* ^{County} **MARYLAND**
 Date of death *1905* ^{Month} *Sept* ^{Day} *20* ^{Years} *5* ^{Months} *9* ^{Days} *20*
 Sex *Male* Color or Race *White* Birth-place *Md*
 Occupation *none* Where Residing if not at place of death _____
 Married, Single or Widowed *Single* Name of Wife or Husband _____
 Father's Name *Charles W. Stamb* Father's Birthplace *Md*
 Mother's Maiden Name *Grace Huff* Mother's Birthplace *Md*
 Name of person giving Information *Chas W. Stamb* How related to deceased *father*

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary *Scarletina* How long *2 wks*
 Immediate *Erythema* How long *1 da*
 Are the name, age, sex, color, data and place correctly given above? *yes*
 Signature of Physician *W. L. Broadbent*
 Address *Alhambra Md.*
 Accident or Suicide *N*

Dr Bruckhoff
Leyden

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Tophy* Town *Cumtland* County *Allegheny*

Died at *Cumtland* *Allegheny* MARYLAND

Date of death 190 *8* Month *9* Day *22* Age *2* Years Months *6* Days

Sex *Female* Color or Race *Colored* Birth place *Fairmont Va*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *John Mooyman* Father's Birthplace *Va*

Mother's Maiden Name *Joseline Tophy* Mother's Birthplace *Va*

Name of person giving Information *Joseline Tophy* How related to deceased *Mother*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Acute Gastritis*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*T. B. McSmael**Cumtland Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

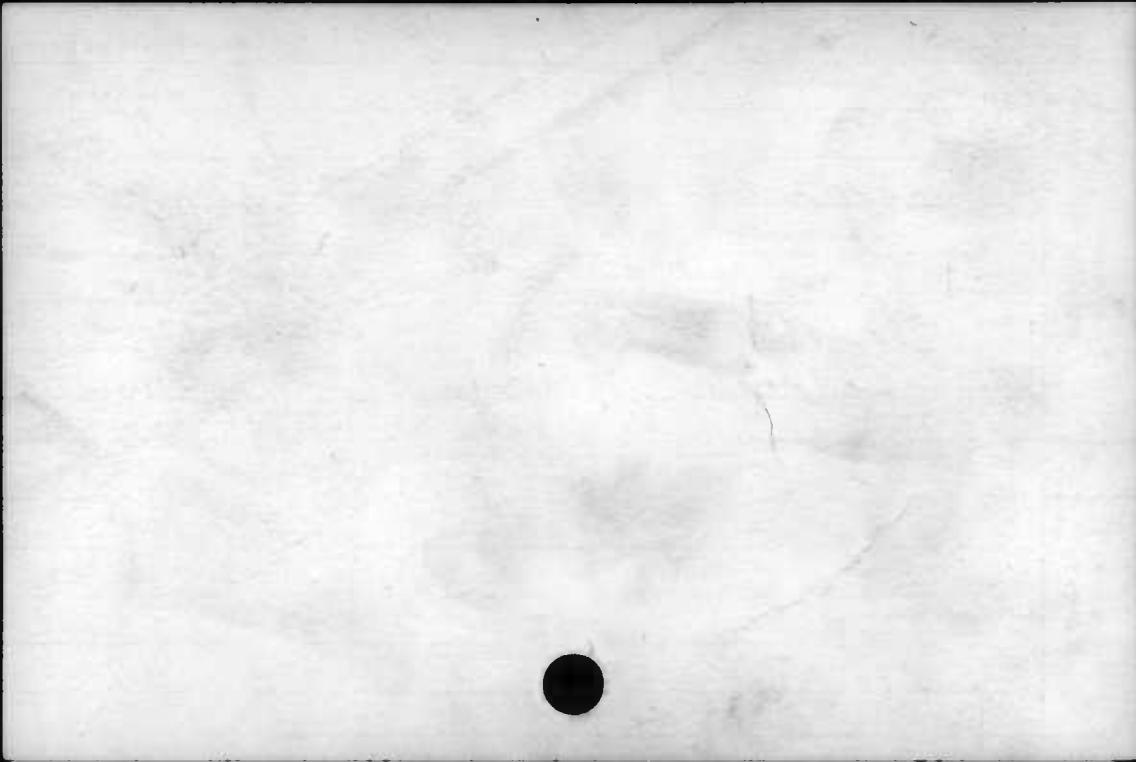
Name in Full John F Trolle		Town Emmelsburg		County Allegheny		State MARYLAND	
Died at Emmelsburg		Month Sep		Day 6		Years one	
Date of death 1908		Age —		Months —		Days —	
Sex Male		Color or Race White		Birth-place Emmelsburg			
Occupation — none		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband none					
Father's Name Joseph W Trolle		Father's Birthplace MD					
Mother's Maiden Name Lethian Reiley		Mother's Birthplace MD					
Name of person giving Information Joseph W Trolle		How related to deceased Father					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Marasmus		How long 1 mo	
Immediate 4 hours		How long —	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Ed Blaylock	
Address Emmelsburg		Address Emmelsburg	
Accident or Suicide —			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

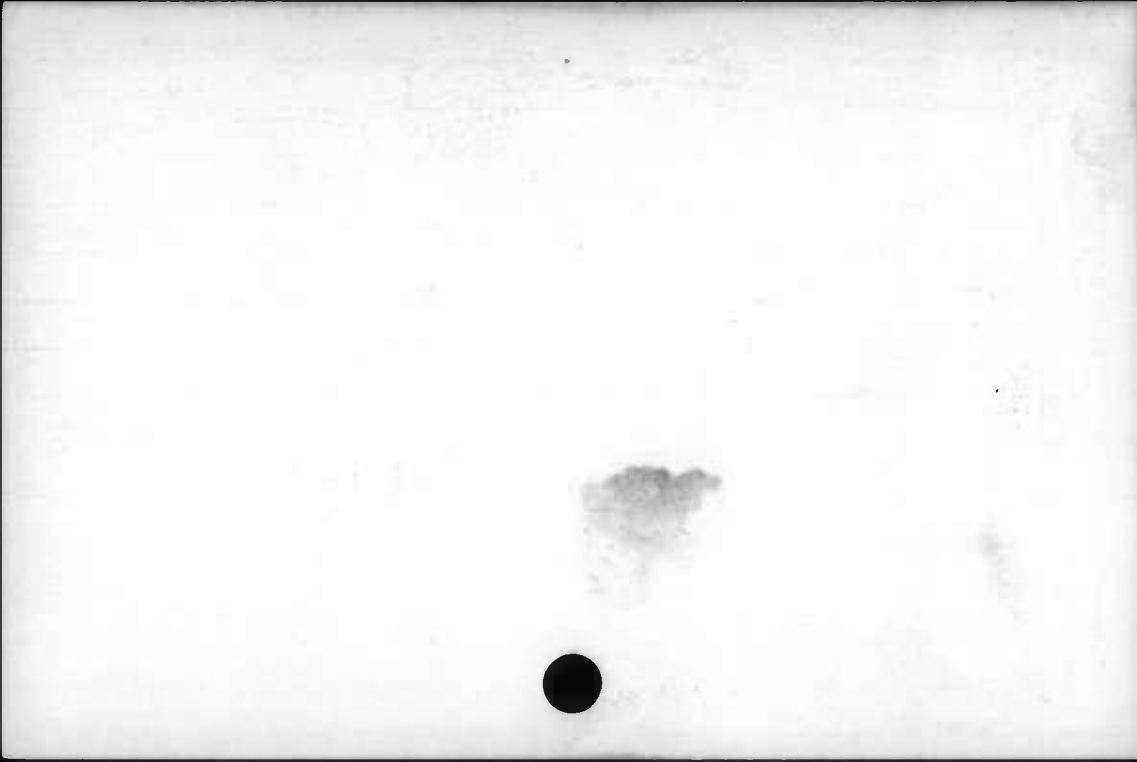
Died at		Town Cumberland		County Alleghany		MARYLAND	
Date of death		Month Sept	Day 21	Years 32	Months 5	Days —	
Sex	Male		Color or Race	White		Birth-place	Pratt Md
Occupation	Housewife		Where Reiding if not at place of death		36 Cecelia St		
Married, Single or Widowed	Married		Name of wife or Husband	Emery Troutman			
Father's Name	Asbury Perdue		Father's Birthplace	Pratt Md			
Mother's Maiden Name	Emily Johnson		Mother's Birthplace	Hewitt Pa			
Name of person giving Information	Emery Troutman		How related to deceased	Husband			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

137

Primary	Belvic Abscess following confinement	How long	9 weeks
Immediate	Exhaustion	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Duke Md.
		Address	Cumberland Md
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Albert N. Viends* County *Allegheny* State *MARYLAND*
Died at *Cumberland*
Date of death 1908 *9* Month *9* Day *9* Age *7* Years *2* Months *7* Days
Sex *Male* Color or Race *White* Birth-place *Cumbr*
Occupation _____ Where Residing if not at place of death *" "*

☒ Married, Single *Smother* Name of Wife or Husband _____
Father's Name *Albert N. Viends* Father's Birthplace *Va*
Mother's Maiden Name *Greene* Mother's Birthplace *Va*
Name of person giving Information *Albert N. Viends* How related to deceased *Father*

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary *Meningitis* How long *1 week*
Immediate *Exhaustion* How long *12 hours*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. R. Hodges M.D.*
Address *Cumberland, Md.*
GSB Accident or Suicide

Dr. Hodges-

Price

116 Hauer sh

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Sept	11	Age 73			
Sex	Female	Color or Race	White	Birthplace	West Va		
Occupation	House Keeper			Where Residing if not at place of death	—		
Married, Single or Widowed	Single			Name of Wife or Husband	none		
Father's Name	Henry Wagner			Father's Birthplace	Mineral Co		
Mother's Maiden Name	Ruth Rankin			Mother's Birthplace	W. Va		
Name of person giving Information	Marianne Malone			How related to deceased	Cousin		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis, Gravel, and debility		How long	2 yrs
Immediate	Exhaustion		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes		Address		
Accident or Suicide		No		

Dans Run N. Va.

Mineral Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

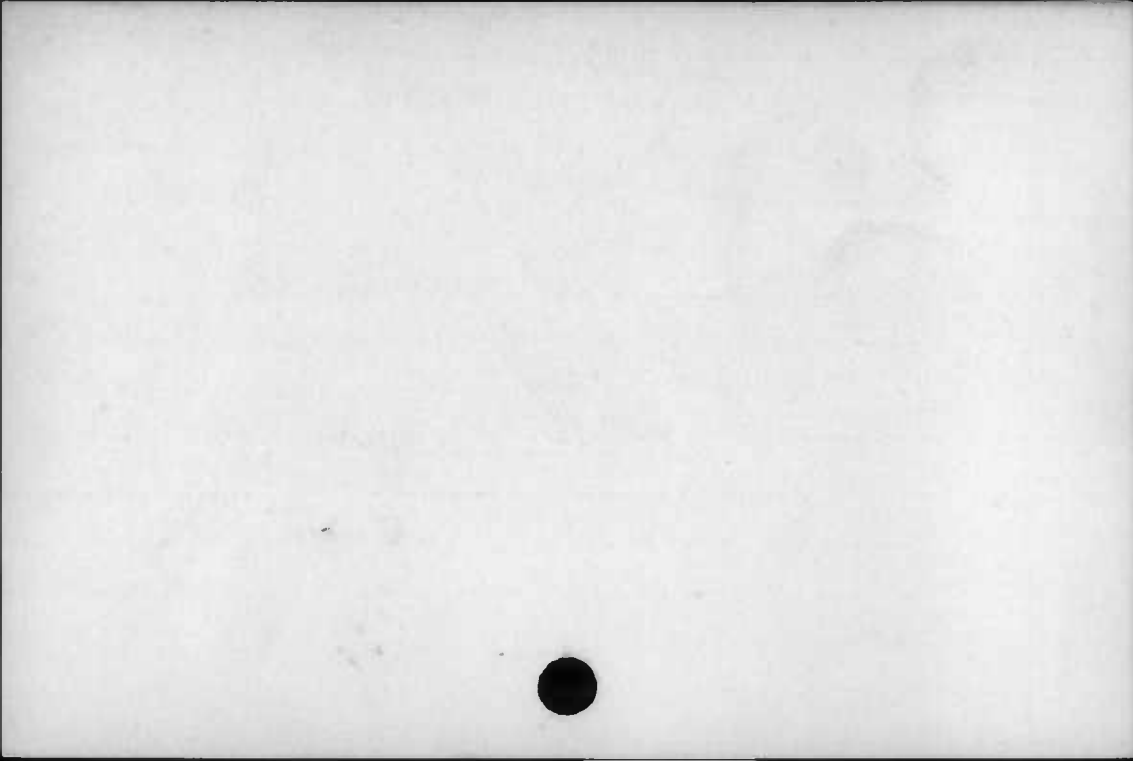
Died at <i>Frostburg</i>		Town		County		MARYLAND							
Date of death	<i>1908</i>	Month	<i>Sept.</i>	Day	<i>21</i>	Age	<i>—</i>	Years	<i>—</i>	Months	<i>1</i>	Days	<i>22</i>
Sex	<i>male</i>			Color or Race	<i>white</i>			Birth-place	<i>Frostburg</i>				
Occupation	<i>—</i>			Where Residing if not at place of death									
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband									
Father's Name	<i>Fredrick B. Wagner</i>						Father's Birthplace	<i>R. I.</i>					
Mother's Maiden Name	<i>Sarah B. Cook</i>						Mother's Birthplace	<i>R. I.</i>					
Name of person giving information	<i>F. R. Wagner</i>						How related to deceased	<i>Father</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Inanition</i>	How long	<i>1 hrs. 22 days</i>
Immediate	<i>u</i>	How long	<i>1 hr.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. M. Hill</i>
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Nellie A Welsh

Died at *6 mile House* Town *Alle* County *Alle* MARYLAND
Date of death *1908* Month *Sept* Day *7* Age *26* Years Months *5* Days *11*

Sex *Female* Color or Race *White* Birth-place *Ind*
Occupation *housekeeper* Where Reading if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *E W Welsh*

Father's Name *Gozd Bury* Father's Birthplace *Ind*

Mother's Maiden Name *Jennie Woodford* Mother's Birthplace *Ind*

Name of person giving Information *E W Welsh* How related to deceased *husband*

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

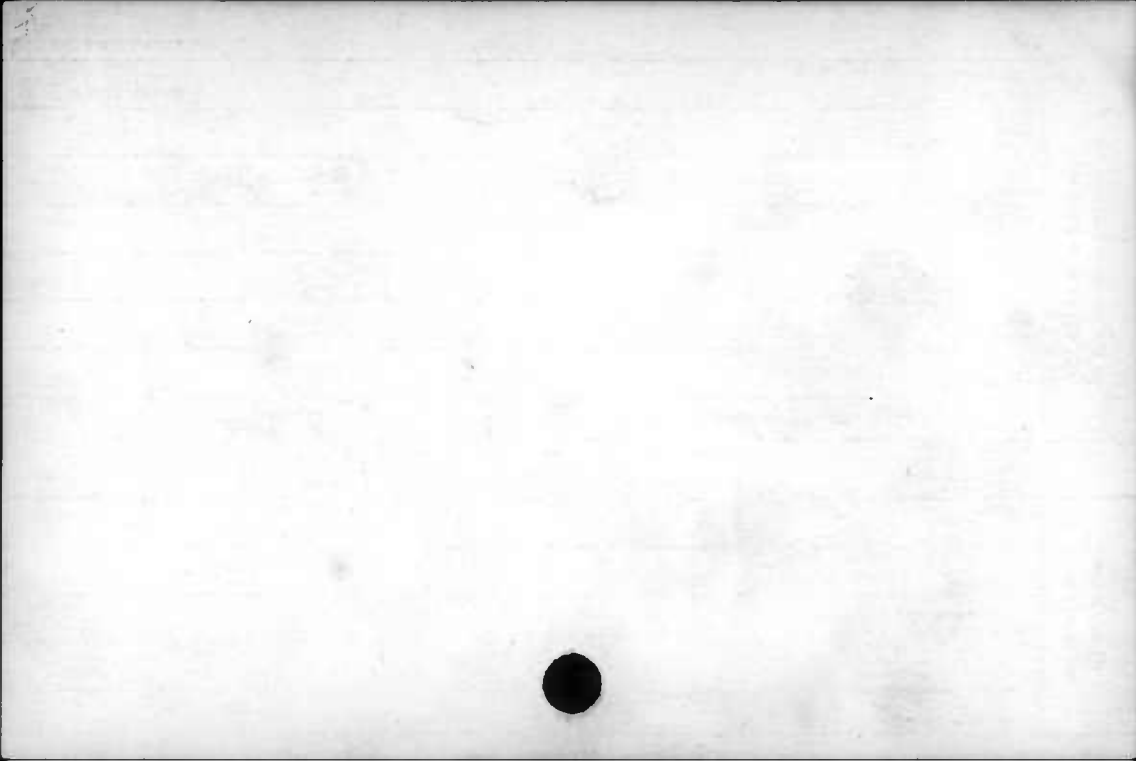
Primary *Albumin* How long *not known*

Immediate *Eclampsia following childbirth* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. W. Wiley*

Stein Address *Wiley*

Accident or Suicide



Name
in
Full

Robert White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

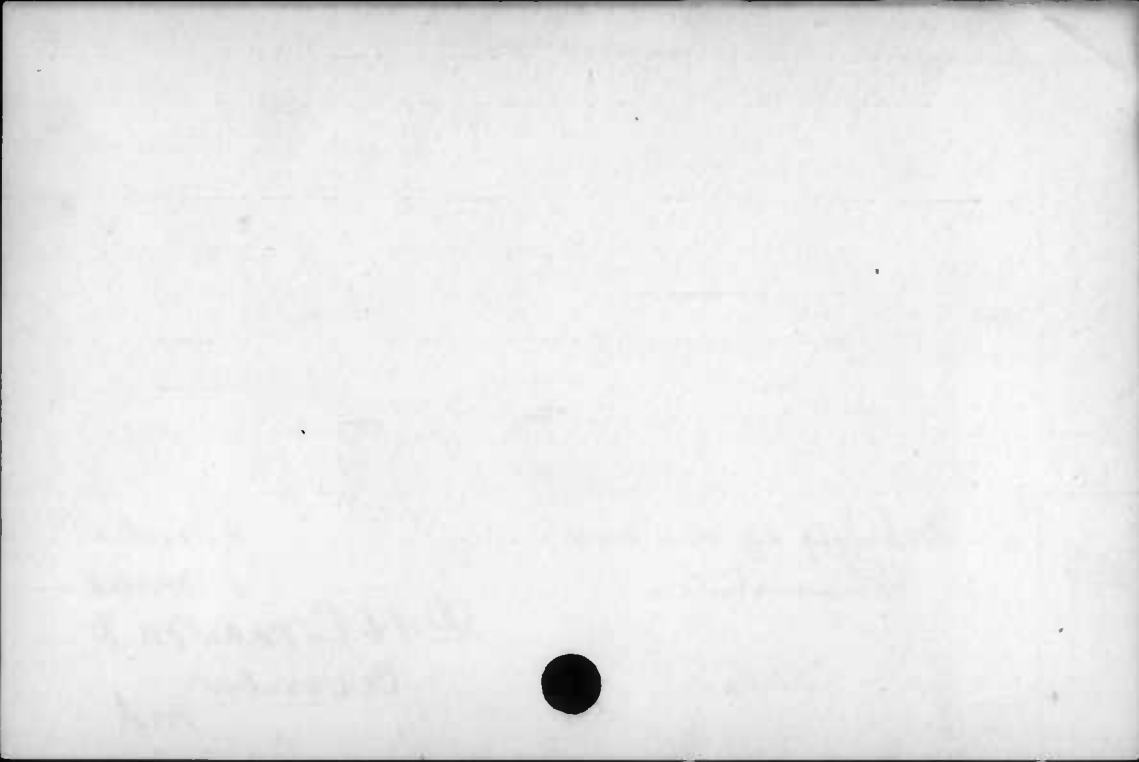
Died at <u>Belmont</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	190 <u>8</u> Month <u>Sept.</u>	Day <u>28</u>	Age <u>72</u> Years	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Scotland</u>		
Occupation <u>miner</u>			Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Annie White</u>			
Father's Name <u>James White</u>			Father's Birthplace <u>Scotland</u>		
Mother's Maiden Name <u>Annie McKay</u>			Mother's Birthplace <u>Scotland</u>		
Name of person giving information <u>James White</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>2 years ago</u>
Immediate <u>Bronchitis</u>	How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Harry M. Hodgson M.D.</u>
	Address <u>Lonsdale, Ind.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mrs. Jane Wickard.
 Town *Cumtland* County *Alleg.*
 Maryland

Date
of death

1908

Month

Sept.

Day

8

Age

Years

86

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Cumtland Md.*

Occupation

*Housewife.*Where Residing if not
at place of deathMarried, Single
or Widowed*Widow.*Name of ~~Wife or~~
Husband*Jacob Wickard.*Father's
Name*John H. Carleton*Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information*Chas. H. Wickard*How related
to deceased*Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Debility of old age

How long

5 weeks

Immediate

Exhaustion

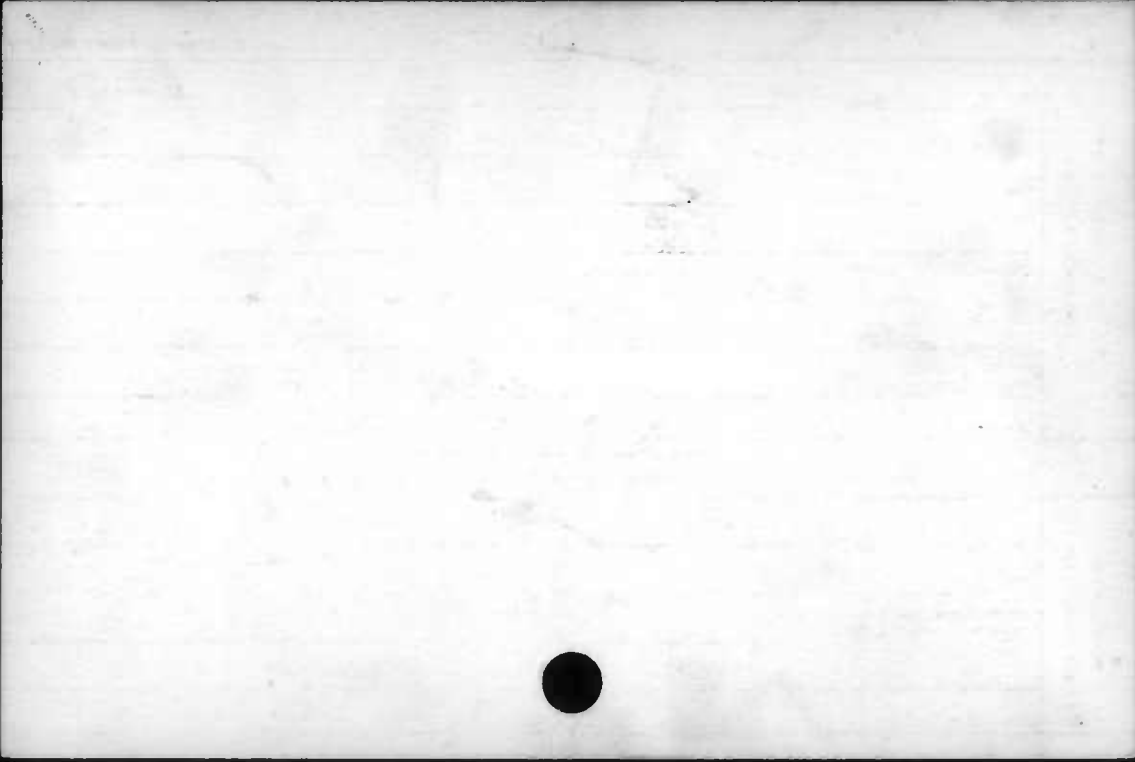
How long

*5 weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Chas. H. Wickard
Cumtland
Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary J. Wigfield

Town

County

Died at

Cumberland

Beechey

MARYLAND

Date

of death 1908

Month

Sept.

Day

10

Years

Age 53

Months

9

Days

-

Sex

Female

Color or
Race

White

Birth-
place

Beechey Co Pa

Occupation

House Keeper

Where Residing if not
at place of death

-

Married, Single
or Widowed

Widow

Name of ~~Wife~~ or
Husband

Alexander

Father's
Name

George W. Fox

Father's
Birthplace

Pa.

Mother's
Maiden Name

Mary Martin

Mother's
Birthplace

Md.

Name of person giving
Information

Mrs E. B. Parliment

How related
to deceased

Sister

CAUSES OF DEATH

27

How long

As not known

Primary

Tuberculosis (Pulmonary)

How long

week

Immediate

4 hours

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

J. H. Jackson

Address

Foghtman

PHYSICIAN
OR CORONER

Accident or Suicide

San. Orleans Md.

830

Saturday

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Wm. H. Williams*

Town *Cumberlands* **County** *Allegheny Co.* **MARYLAND**

Died at *Cumberlands*

Date of death 190*8* **Month** *9* **Day** *13* **Age** *28* **Months** *7* **Days** *2*

Sex *Male* **Color or Race** *White* **Birthplace** *Maine Monmouthshire England*

Occupation *Electrician* **Where Residing if not at place of death** *England*

Married, Single or Widowed *Single* **Name of Wife or Husband** *None*

Father's Name *Daniel Williams* **Father's Birthplace** *South Wales*

Mother's Maiden Name *Ellen Griffiths* **Mother's Birthplace** *North of England*

Name of person giving Information *Daniel Williams* **How related to deceased** *Father*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

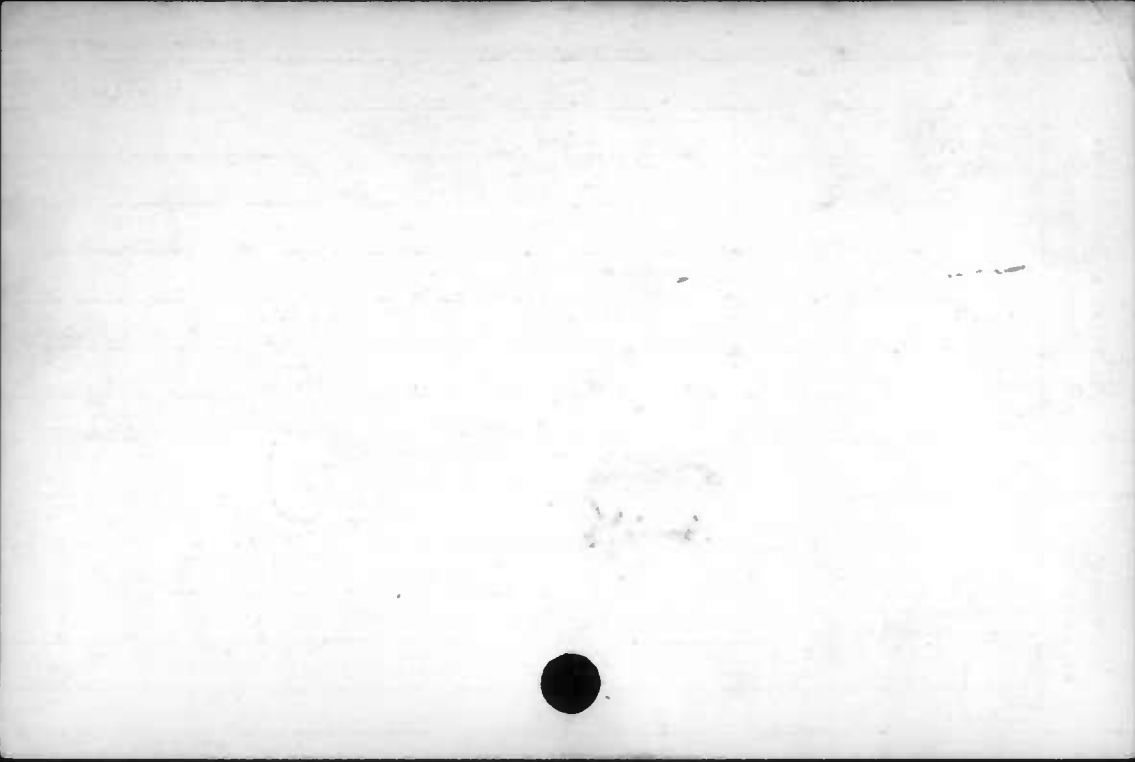
Primary *Pneumonia* **How long** *6 days*

Immediate *Heart Failure* **How long** *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *J. H. Burdette* **Address** *Cumhursland Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Benjamin Gates

Town

County

MARYLAND

Died at

allegany allegany

Date

of death *1908*

Month

Day

27

Age

Years

74

Months

11

Days

-

Sex

male

Color or
Race

white.

Birth-
place

Wales.

Occupation

Miner

Where Residing if not
at place of death

-

Married, Single
or Widowed

widowed

Name of Wife or
Husband

Margaret Gates

Father's
Name

unknown

Father's
Birthplace

Wales

Mother's
Maiden Name

unknown

Mother's
Birthplace

Wales.

Name of person giving
Information

Wm. Gates

How related
to deceased

Son.

CAUSES OF DEATH

64

Primary

Enterocolitis

How long

Two weeks

Immediate

Cerebral hemorrhage

How long

17 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

*H. C. Colby
Frostburg, Md.*

Accident or Suicide?

No.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hafer.

Pearse Com.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Amherst</i>		Town		County		MARYLAND	
Date of death 190 <i>8</i>		Month <i>9</i>	Day <i>5</i>	Age <i>67</i>	Years	Months <i>6</i>	Days <i>14</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Jefferson Co</i>		<i>WVa</i>	
Occupation <i>House</i>		Where Residing if not at place of death <i>Amherst land</i>					
Married, Single or Widowed		Name of Wife or Husband <i>don't know</i>					
Father's Name <i>Joseph H Keys</i>		Father's Birthplace <i>Burkeley Co</i>					
Mother's Maiden Name <i>Mary J Gill</i>		Mother's Birthplace <i>Jefferson Co</i>					
Name of person giving Information		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>10 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E B Clayton</i>
	Address <i>Amherst land</i>
Accident or Suicide	

